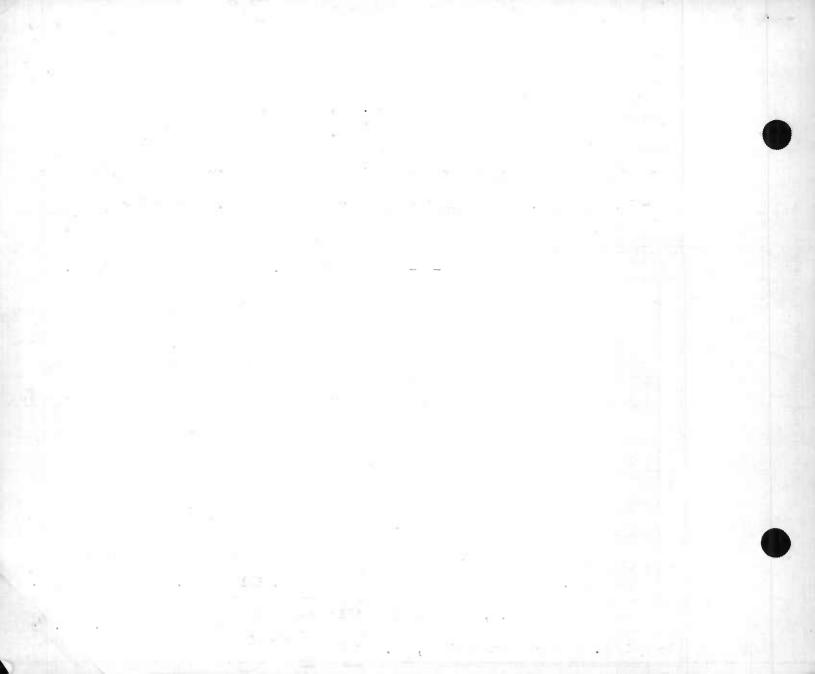
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T., 18		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	ics Saveme -
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TO MEDICAL EXAMINER: TERECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 21.		22a. 1 certify that I taak charge of the remains described abave, held an Autopsy L., Insp death resulted fram: Natural causes L., Accident L., Suicide L., Hamicide L	ection , Inquiry , and in my apinian
L EXA FE CER OULD I DIRI MARY		ACTUAL SIGNATURE Of S. Bell M.D. DEPUT	4 MEDICAL EXAMINER SIGNED DEC 23, 1986
EDICA JIE TH 4 SH JINERA JOEAT		EVALUNICITY NAME	
TO M EXECL PAGE TO FU AFTER BALTIN	23a. E	JRIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY	Bethesda, Md.
BP		Burial 12/27/80 Pipe Creek Cemeter	ry New Windsor Carroll Md.
DHMH - 17 (VR A15 ME (5))	1	The Land Pagess Wedson, Md. 23a. C	PATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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STATE OF MARYLAND - STATE REGISTRAR DECEASED NAME TO DATE KNOWN AT MONTH DEATH MATED DATE PRONOUNCED NEVER MARRIED Own Aumo couse (a) stoting the underlying cause last % CONDITION FOR WHICH OF ERATION WAS PERFORMED? 20. AUTOPSY? YES NO NO WHILE AT WORK 22s. I certify that I taak charge of the remains described obave, held on Notural causes deoth resulted from: Accident Undetermined manner DATE 2 Cc /2/9 50 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 73c. NAME OF CEMETERY OR CREMATORY STATE Cremation 12/13/80 Alexandria, Virginia Metropolitan Crematory BP. TOTAL DORESS 3901 N. Fairfax Dr. **DHMH-17** VR A15 ME (5)) Arlington Funeral Home Arl., Va. 22203 15M 7/76

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2R DATE OF DEATH I DECEASED NAME LAST MONTH YEAR 26 HOUR (TYPE OR PRINT) WSOY 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) # UNGER I YEAR IF UNDER 24 HRS MONTH MONTH5 DAYS HOURS 00 . BIRTHPLACE (STATE OR FOREIGN LOUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED DIVORCED [WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYRE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Home House USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 136 GOUNTY L CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 3600 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE ADDRESS, Ida WAS DECEASED EVER IN U.S. ARMED FORCES IN SOCIAL SECURITY NO 17 INFORMANT [YES, NO OR UNKNOWN] I IF YES, GIVE WAR OR DATES) 402-62-3229 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) I IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which 500 gove rise to immediate (o), stoling couse DUE TO, ORAS A CONSEQUENCE OF underlying couse eriosclerotic Cardiovascu PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? None NOT YES T NO T 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE AT WORK AT WORK 220 I certify that (1) (this hospital) attended the deceased from 19 50 and that in (my) (par) opinion death accurred on the date and hour and from the causes stated sow the decadsed olive onobove, (1) (we) (did) (did hot) view the body ofter death 226. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING TO FUNERAL Should be detacl with the State D PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME ITYPE OF PRINT! 22R ADDRESS 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE Dec. 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN Maryland Rockville Cemetery 1980 Rockville 25R. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Robert A. Pumphreyon Euneral Homes, DHMH-16 25M (VRA 15, 4) 1/79 P.A., Rockville, Maryland

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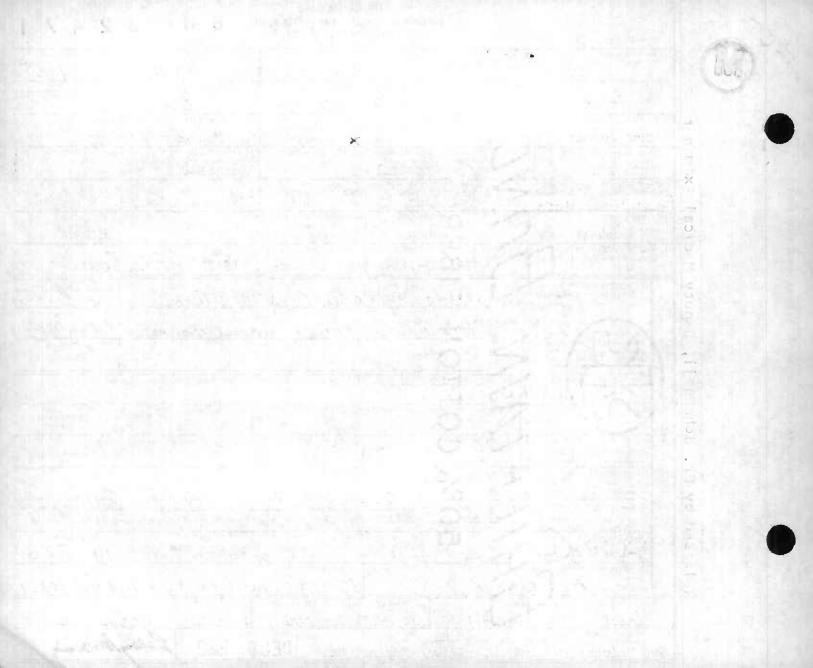
Examiner(

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

DECEASED NAME 1897 MODE SUSAN S. DENION J. SEX FORALE 18 BRITISHANCE (15M DO FORALE) 19 BRITISHANCE (15M DO FORALE) 10		FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATI		32471
SUSAN S. DENÍON 12/5/80 1/5/40 1/	ł		, WIDDLE	LAST		DAY YEAR 26. HOUR
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SCAUSE OF DEATH (Enter only one couse per log for (a), bb, ong (c)) 181-07-1129 Donald Denion 13421 Bartlett Street Md.		FIRST	Sweeney			0'Gara
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Burial Dec. 9.1980 St. Ann's Cemetery Freeland Luzerne Penn.		(SPECIFY)			CITY OR TOWN	
24 FUNERAL DIRECTOR Francis J. Collinguess 250. Date REC'D. By REGISTRAR'256 GISTRAR'S SENATURE			is T Callins			
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STATE OF MARYLAND

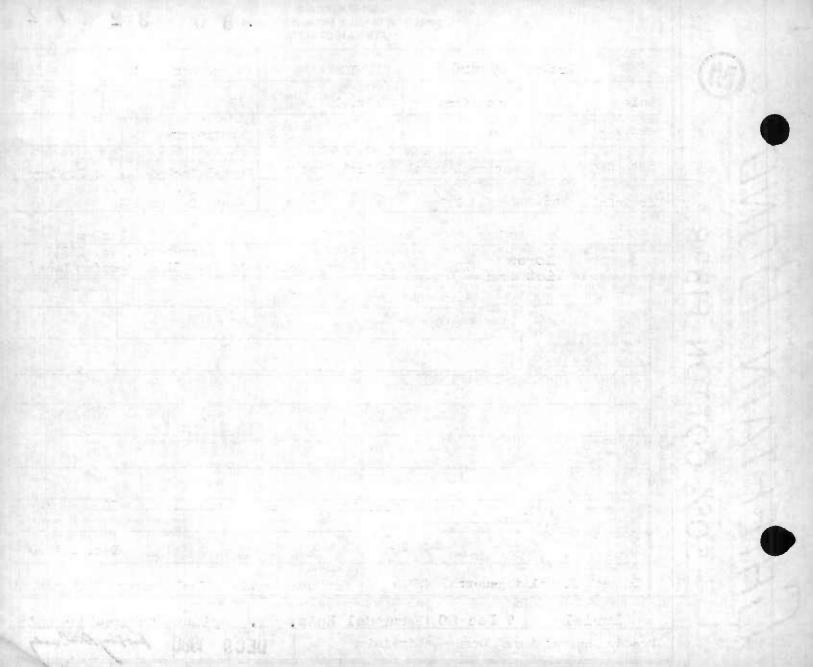
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	IENE 8 Ü	32	1/4
4		CEASED NAME FIRST		MIDDLE	l	AST	20. DATE OF DEATH	MONTH DAY YEA	R Zb HOUR
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	3. SE)	X	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		
	M	Male	Caucas	sian	Sep	t. 14 1933	47	YRS.	ATS HOURS MIN.
	7a. Bil	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEAT	H.
3	V	Tirginia	USA		WIDOWE		Montgomer	У	MD.
7		Bethesda				cal Center	120. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF THE PROPERTY OF THE	F WORKING LIFE) INDUS	
3	13a. S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU Irginia Madi	NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Etlan		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	Box 151B	J. Navy
	14. FA	THER'S NAME	WIDDLE	LAST	1914	15. MOTHER'S MAIDEN NA			LAST
5		William	Arthur	Denni	s	Lula	WIDDLE	Har1	4.101
	16a W	VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17. INFORMANT	Alexa	ndria, Va.	22311
>	Y	YES NOOR UNKNOWN)	TO TROATES)	230 42 0	442	Mrs. Barbar	a Lindsey 5	126 Woodmin	re Lane/
	TION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, O DUE TO, O DUE TO, O (c) CONDITIONS CC	R AS A CONSEQUE R AS A CONSEQUE DISTRIBUTING TO D	NCE OF				
?	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO 🎛	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED ISES OF DEATH?
7	CAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART	(2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
		27a.1 certify that (I)/(this hosp saw the deceased olive a above (i) (will (did (b))))	12 19 80 and that in/(n/y) (our) opinion of DEGREE ATTENDING PHYSICIAN	death occurred an the do	III. D	the causes stated ATE SIGNED 5 1980
		22d. PHYSICIAN'S NAME TYPE Kenneth E. Ho.	-	rth, M.D.		National Na			ethesda,Md
	24 FL	Burial, cremation, removal Burial Jueral director Preddy Funeral	7 De	200	manu	EMETERY OR CREMATORY Lel Epis Ch	23d. LOCATION	*Orange*	Virginia

DHMH-16 30M 2/80 (VRA 15, 4)

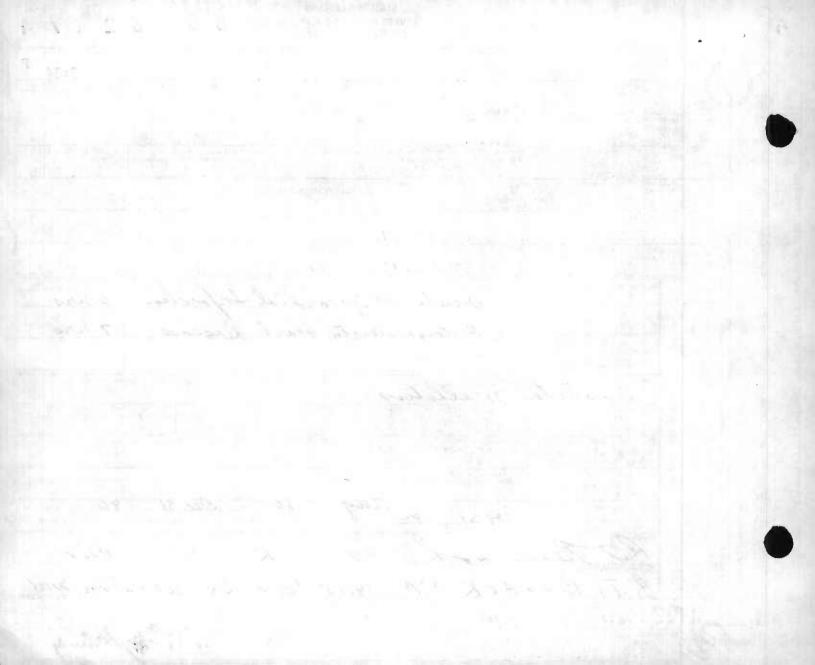
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IMPORTANT: If Item 21 is marked at Item 18 shows any



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(VRA 15, 4) 1/79



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE R - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH L DECEASED NAME 7h HOUR (TYPE OR PRINT) 9 A 1980 26 Dec. Gertrude Anna Doube AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 3. SEX MONTH VEAR female caucasian 1908 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New York County. U.S.A. Montgomery DIVORCED 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville Scott Drive Hospital worker Hospita] DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE HENURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 1136 COUNTY 13d INSIDE CITY LIMITS? 9105 Scott Drive Maryland Montgomery Rockville 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME ALIDOUR FIRST Hannah Flaherty Henry Doupe 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES Maureen Yuill (same as 13e) 126-18-1151 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH POST-OFERATIVE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY MONTO ARCINDMA DUE TO OR AS A CONSEQUENCE OF Conditions. ony. to immediate stating the couse lo DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [YES [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21e PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from, sow the deceased alive on TO PECEMBER 19 80 and that in (my) (our) apinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death 22c. DATE SIGNED DEGREE 22h SIGNATURE should be detact with the State De IMPORTANT: If It ATTENDING MEDICAL DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL St. Michael's Cemetery Elmhurst Burial December 30 New York 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, P/ 150 DHMH - 16 50M 1/76 300 W. Montgomery Ave., Rockville, Maryland (VR A 15 (4))

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1. DECEASED NAME LAST Dunkum Mary TYPE OR PRINT) E. N RACE 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Sept. 26, 1901 White Female To BIRTHPLACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) DIVORCED [Maryland WIDOWED Montgomery ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) Potomac Valley Nursing Home Rockville Ret -- Manager DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 filled in lould be f USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13a. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN Washington, DC 5322 Colorado Avenue, N.W. IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME O Caroline Rhoda Henry Reid John ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-62-0310 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Artery Tebra Basilar IMMEDIATE CAUSE to ArTerio Sclerolic gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost CERTIFICATION 0 undrome rainson 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? buriol-tronsit perri NOX sho 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY Hem 18 s HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 20 February 220.1 certify that (1) (this hospital) attended the deceased from December 27 1980 sow the deceased alive on_ obove 4) (we) (did)+did not) view the body after death 22b. SIGNATURE DEGREE õ ATTENDING MEDICAL STAFF FUNERAL I MPORTANT 22d. PHYSICIAN'S NAME ITYPE OR PRINTS Fusiafson, M.D (1)1Sconsin £ 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) CITY OF TOWN BP

FOR

REGISTRAR

- STATE

DHMH - 16 50M 7/77 (VRA 15(4))

Stewart Rockville, Md. Dorothy K. Brown, 880 College Pkwy.. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 week Cerebrovascular Disase PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE December 28 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 2-28-80 PHYSICIAN DIRECTOR PHYSICIAN Ave. Chevy Chase 20015 STATE Ft. Lincoln Cemetery Brentwood, Maryland Burial BANT PREC'D BY SEGISTRA WIT HELL TRANSSIGNATURE 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave., NW, Washington, D.C. 20016

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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IF UNDER 24 HRS

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2a. DATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE OF DEATH Marion 12 3. SEX 4 RACE 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY MONTH Male Caucasian Nov. 1895 To. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIEF) Greens keeper Country Club USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD 136 COUNTY 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 25215 Old Hundred Rd. Maryland Montgomer Dickerson FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Harriett Henry Dwyer Sage 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT NO NO OR UNKNOWN Jessie P. Dwyer, 1006 Neal Dr. Rockville, Maryland (IF YES, GIVE WAR OR DATES) 214-03-3339A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate (a), stoting DUE TO OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO F 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 5 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION STREET CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 22a. I certify that (I) (this hospital) attended the deceased from sow the deceased olive on abave, (I) (we) (did) (did nat) view the bady alter death. and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated 276. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be 20010 Fisher Ave., Poolesville, Md 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION Buffa1 Jan. 2, 1981 Rockville Cemeter Rockville, Montg. Md. 24 FUNERAL DIRECTOR ROCKVILLE, Maryland DHMH-16 30M 2/80 Robert A. Pumphrey Funeral Homes, P.A. (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O DATE KNOWN X (TYPE OR PRINT) ESTI-19 80 Elliott DEATH MATED Henry 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS I IF UNDER 1 YR. I IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED 10 80 1, 1896 DEAD Black 84 Male Jan. Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED DIVORCED Montgomery County orth Carolina IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Silver Spring 13301 Burkhart Street None USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 3d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE 13c. CITY OR TOWN 13301 Burkhart Street Maryland Silver Spring Montgomery 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE LAST LAST Unk. 17 INFORMANT 1390 Burkhart 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) Lorriane Mosby Silver, Spring Md. 579-05-8691 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Metastatic carcinoma DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which carcinoma of the urinary bladder. 3 years gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) CERTIFICATION None 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? None YES NOX 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL None CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. IL LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK 22s. I certify that I took charge of the remains described above, held an and in my opinion Natural causes X Homicide Undetermined monner death resulted fram: TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTMORE, MAI ACTUAL SIGNATURE 12/10/80 Deputy 1919 Seminary Road John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery, Md. 30 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION Md. Nat. Mem. Laurel, 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNAT **DHMH-17** Johnson & Jenkins 716 Kennedy St N.W. (VR A15 ME (5)) 15M 7/76

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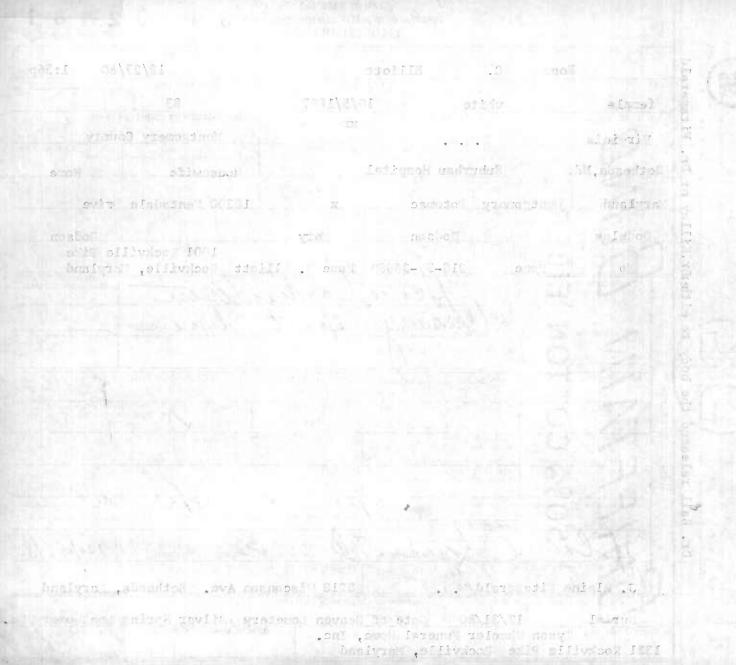
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DHMH-16 30M 2/86 (VRA 15, 4)



DHMH-16 25M

(VRA 15, 4) 1/79

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST ETILO Nora 2a. DATE OF DEATH DECEASED NAME MONTH 26. HOUR (TYPE OR PRINT) 1980 Dec. 5:05 DATE OF BIRTH AGE IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR MONTHS DAYS HOURS 1922 **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Montgomery DIVORCED T NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker At Home 134 INSIDE CITY LIMITS? 13. STREET ADDRESS 3333 W. University Blvd. YES X NO [] 15 MOTHER'S MAIDEN NAME MIDDLE Morrisey Annie 17 INFORMANT F. Lloyd Eno. Husband. Same as # 13. APPROXIMATE INTERVAL CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SIYEN IN PART 140 will Pathalogy Freeleare 20s AUTOPSY? 20h. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOM YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 211 LOCATION CITY OR TOWN COUNTY STATE 80. that (1) (we) last and that in (my) (cor) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE MEDICAL STAFF ATTENDING, PHYSICIAN X Dec. 4. DIRECTOR | KENSINGTON 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Suitland, Maryland 12/8/80 Cedar Hill Crematory Cremation Joseph Gawler's Sons, Inc. 24 FUNERAL DIRECTOR 5130 Wisconsin Ave., NW, Washington, D.C. 20016

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DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND

	OF HEALTH AND MENTAL HYGI RTIFICATE OF DEATH	ENE 8	O REG. NO	3	2	6.	8	3
	LAST	2a. DATE OF	DEATH	MONTH D	AY YE	AR	26 HOUR	
ncordia	ENTREKIN	De	cembe	r 15	1980		9:30	A

REGISTRAR DECEASED NAME TYPE OR PRINTS Virginia Co 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Female 1913 Caucasian June 67 To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Virginia USA Montgomery ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126, KIND OF BUSINESS OR 120 USUAL OCCUPATION National Naval Medical PE OF WORK FOR MOST OF WORKING LIFE INDUSTRY FOOD Bethesda Service USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) W. Virginia Jefferson 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Kearneysville YES Route 1, Box 195G NOX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Shelton Heflin Webb Lula 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS NO NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578 01 9916 Stetson F. Entrekin See item 13

APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for in) (b) and (c) carcinoma of pancreas IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY?

IN CERTIFYING CAUSES OF DEATH? NOXX

210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC)

Nov.

220.1 certify that (1) (this hospital) ottended the deceased fram saw the deceased alive an Dec 80 (any) (our) opinion death accurred an the date and haur and from the couses stated and that in abave, (1) (we) (did) (did nat) view the bady after death DEGREE 22c. DATE SIGNED

LT ME WIME Dec. DIRECTOR PHYSICIAN 22e ADDRESS

Jeffrey M. Crane, M.D. National Naval Medical Center Bethesda, Md. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 1980 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN

Culpeper, National

Burial 24 FUNERAL DIRECTOR

- STATE

Capitol Funeral Service

Dec. 18

Fairfax, Va.

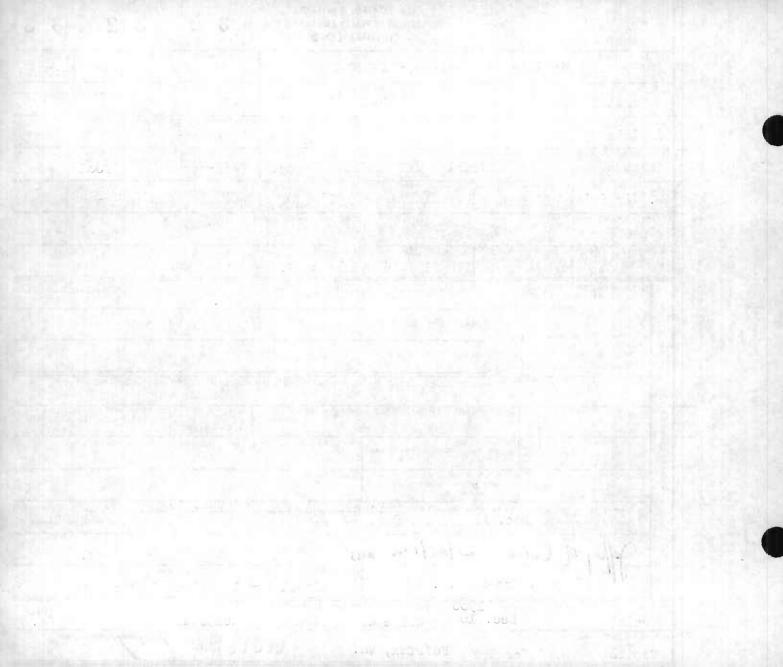
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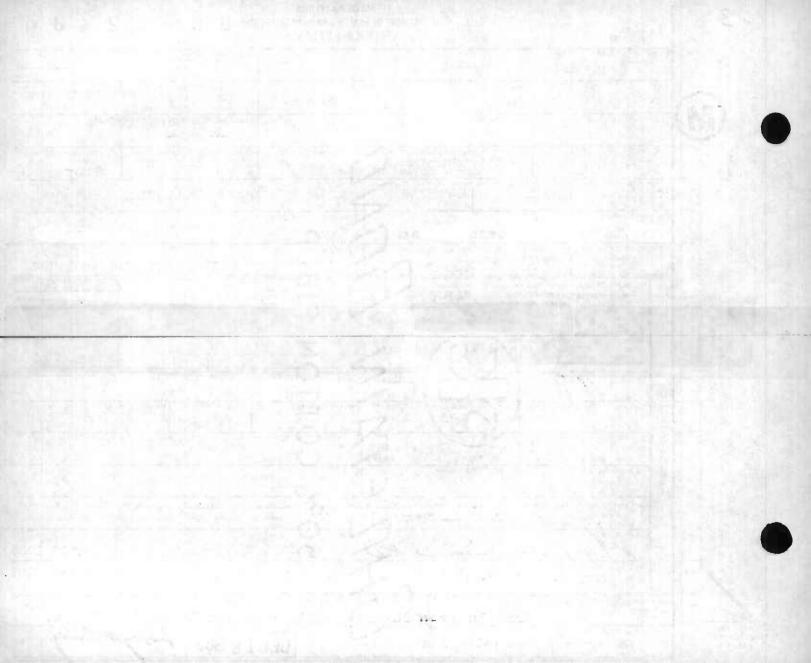


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS 13 80 1000 PM 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR INDUSTRY CUST. SER. MANG. Store 13e STREET ADDRESS 4230 ALLISON CIRCLE MIDDLE Mae Bel1 ADDRESS DENNIS J FARINA FOCCEUR BOX 12 FPO NY 09510 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 2flg_AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 COUNTY STATE 80 Dec. 13 .19_80____, and that in [m] (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN XX Dec. 15 1980 National Naval Medical Center, Bethesda, Md. 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Buria1 1980 Sheakleyville Cem Sheakleyville, Penna.

DHMH-16 30M 2/80

24 FUNERAL DIRECTOR (VRA 15, 4)

Pearson Funeral Home Falls Church, Va.

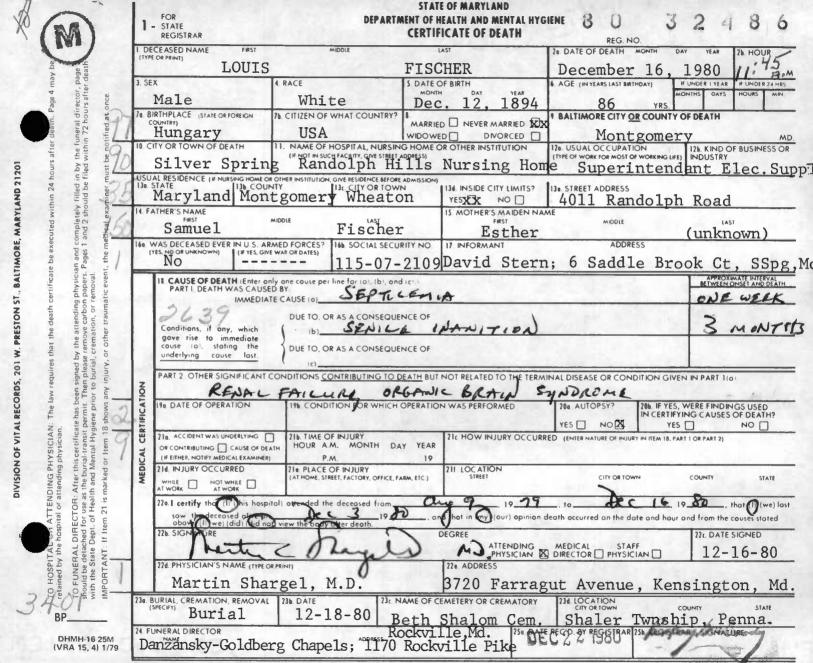


STATE OF MARYLAND

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- STATE REGISTRAR I. DECEASED NAME 20. DATE KNOWN 2b HOUR (TYPE OR PRINT) OF ESTI-1980 AGE (IN YEARS IF UNDER SEX IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Caucasian August Female 1908 72 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED Maryland U.S.A. WIDOWED DIVORCED Omer4 12b KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) HE NOT IN SUCH FACILITY GIVE STREET ADDRESS! Rockville Sales Religious 305 Laura Lane USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13b COUNTY 13d INSIDE CITY LIMITS? 305 Laura Maryland Montgomery Rockville NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Lloyd Eleanor Brosius Jones 7. INFORMANT **ADDRESS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO PAGES (YES, NO, OR UNKNOWN) DIVISIO same as 13e 577-34-6939 NO APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH DSIVE CardioVascular Disease PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost DIVISION OF VITAL RECORDS, 301 REMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES [BE 3 SHOULD BE DEPARTMENT 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK Inspection X Inquiry A 22a. I certify that I took charge of the remains described obove, held an Autopsy and in my opinion TO MEDICAL EXAMINER:
EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FOR
TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE
8 BALTIMORE, MARYLAND, 2 DIRECTOR Homicide Undetermined monner death resulted from Natural couses TITLE (SPECIF) DATE SIGNED Dec 18 1980 ACTUAL SIGNATURE 7936 Old Georgetown Rd., Bethesda, Md. JOHN G. EXAMINER'S NAME TYPE OR PRINT 23g BURIAL, CREMATION, REMOVAL 23b. DATE 1980 23c. NAME OF CEMETERY OR CREMATORY Barnesville Montgomery Maryland Buria St. Mary's Cemetery FUNERAL HOMES P/A. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** 300 WEST MONTGOMERY AVE., ROCKVILLE, MD. 20850 DEC 2 (VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND

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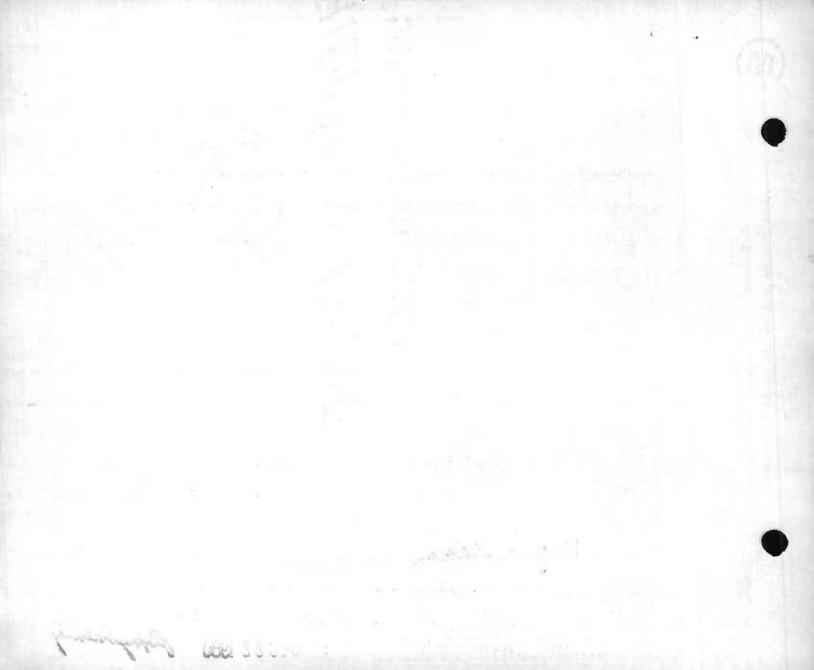
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME 20. DATE KNOWN K 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED George Frank 15 1980 FILED, WITHIN 72 HOUR 201 W. PRESTON STREET 4. RACE IF UNDER 1 YR. 6. AGE (IN YEARS IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED 4:15 AUG 26,1900 80 YRS DEAD white 1980 n M Th CITIZEN OF WHAT COUNTRY 7a. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED WASHINGTON.D.C. WIDOWED XX DIVORCED Montgomery County ID CITY OR TOWN OF DEATH 128 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS MARINE CORPS Washington Adventist Hosp. USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, RIAL, CREMATION, OR REMOVAL. Takoma Park 13a. STATE 135 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS MONTGOMERY MARYLAND ILVER SPRING 918 PATTON DRIVE YES NO [14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE STEPHEN FRANK MARY DIEGLEMAN In WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO SON 12328 HOLLYHOCK C (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES YES ww 220-44-0141 GEORGE R. FRANK, JR. WOODBRIDGE. VA 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Blunt injury to head DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL YESXX NO [E 3 SHOULD BE DEPARTMENT 98 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR X OR UNDERLYING MEDICAL 2 PRIOR CONTRIBUTING CAUSE OF DEATH ? P.M. 12-15-19 80 Subject fell THE PLACE OF INJURY 21d. INJURY OCCURRED 21f LOCATION TO MEDICAL EXAMNER: THIS CES EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P AT WORK AT WHILE STREFT, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY home 918 Patten Dr. Silver Spring. Montgomery Md. 22a. I certify that I took charge of the remains described above, held an and in my apinian Accident X death resulted from: Natural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 12-16-80 SIGNATURE EXAMINER'S NAME Virginia I.. Dolan, M.D. 111 Penn St. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION BURIAL 12/19/80 ARLINGTON NATIONAL ARLINGTON VIRGINIA 24 FUNERAL DIRECTOR FRANCIS J. COLLINS 250. DATE REC'D. BY REGISTRAR **DHMH-17** 500 UNIV. BLVD. . W. . SILVER SPRING. MD. 20901 (VR A15 ME (5) 15M 2/80



STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN IN MONTH OF ESTI-TYPE OR PRINT 2c. DATE (AST BIRTHDAY) PRONOUNCED DEAD BALTIMORE CITY OR COUN BIRTHPLACE (STATE OR MARRIED | NEVER MARRIED WIDOWED DO DIVORCED FOR MOST OF WORKING LIFE) Fram Oil Co. Dublin 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Edwin Lewis Catherine & WAS DECEASED EVER IN U.S. ARMED FORCES? 382-10-7273 No Sharon A. Darrow same as APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [NO DO 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW IN JURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY CATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE Autapsy 22a. I certify that I took charge of the remains described above, held an and in my apinion Inspection Undetermined manner death resulted fram: Natural causes Homicide TITLE (SPECIFY) DATE/ Dec 27/980 EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23d LOCATION 23c. BURIAL, CREMATION, REMOVAL 23b. DATE 234, NAME OF CEMETERY OR CREMATORY Michigan Burial John's Cemetery Dexter 24 FUNERAL DIRECTOR Francis 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 500 University Blvd. W. Silver Spring, Md. (VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND

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e e		18 CAUSE OF DEATH (Enter					00121	. (20,54				MATE INTERVAL ONSET AND DEATH
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omer		couse (b), stating the underlying couse last.	DUE TO, O	Sulliva.	elines	d Her	nomba	ye				11/30	>
injury, or	NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO [DEATH BUT	NOT RELATED	TO THE TERM	IN AL DISEA	SE OR COND	ITION GI	VEN IN	PART 1(c	1
2	CERTIFICATION	190 DATE OF OPERATION	19b COND	TION FOR WHICH	OPERATIO	WAS PERFO	PRMED	20a AUT	NO NO	IN CERT			IGS USED OF DEATH? NO
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH D	AY YEAR	21c HOW IN	JURY OCCURR	RED (ENTER N	JATURE OF INJURY	IN ITEM 18,	PART 1 OF	PART 2)	
nked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	DN		CITY OR TOW	N	co	UNTY	STATE
S 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		22a.1 certify that (I) (this had sow the decepted alive	in the second		0 , on	d that in (my)	(our) opinion (death occur	red on the do	te and ho	, 19 <u>4</u> ur ond l		that (1) (me) last causes stated
Ter		27h. SIGNATURE	1			DEGREE					2	C. DATE	SIGNED
		a that	1				PHYSICIAN D	DIRECTO	R PHYSIC	AN	1	2/1.	480
no .	1	001 011110101110 110 110				100 100000							

DHMH - 16 50M 1/76 (VR A 15 (4))

O FUNERAL DIRECTOR: d by the haspital

230. BURIAL, CREMATION, REMOVAL Burial 23b. DATE

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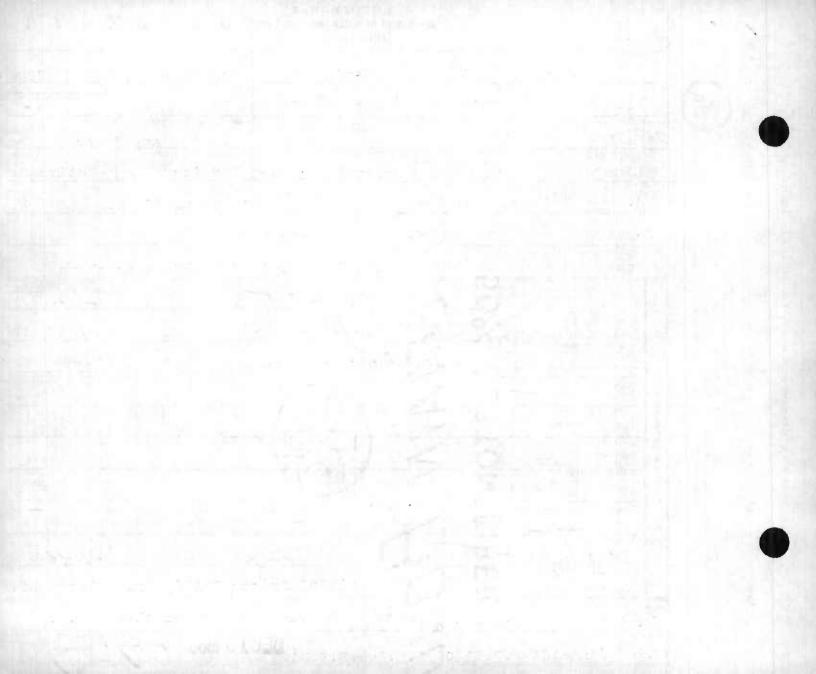
23d NAME OF CEMETERY OR CREMATORY 23d LOCATION
Gate of Heaven Cemetery Hawthorne, N.Y.

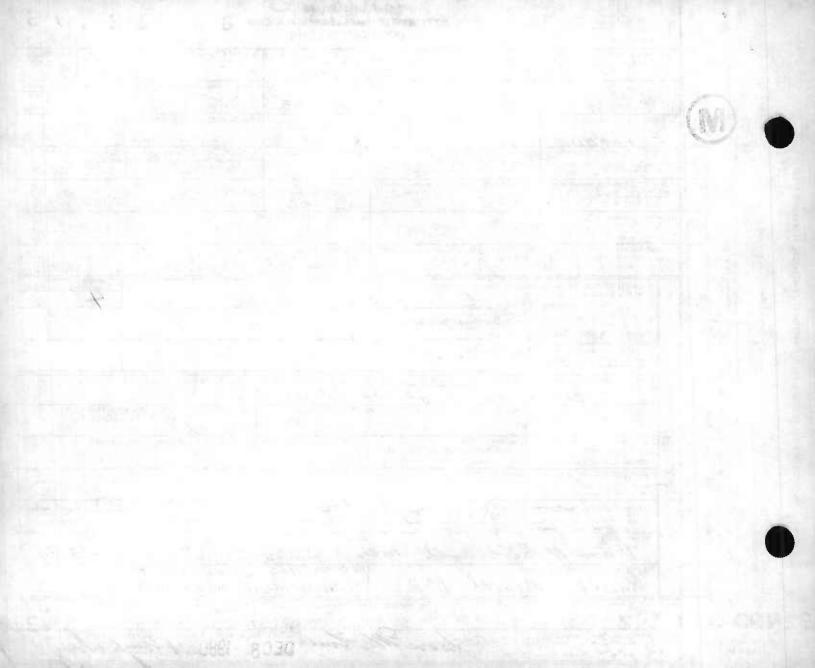
250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR Hines/Rinaldi F.H.11800 N.H.Ave.S.S.Md

12/16/80

18101 Prince Philip Dr., Olney, Md.





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STATE OF MARYLAND

2b. HOUR 1925 F UNDER 24 HRS

FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 0 3 2 4
DECEASED NAME CHARLES	FREDERIC GELL	LAST	DECEMBER 26 1980
3. SEX MALE	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR 11 INC. 14 - 1907	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTHS DATS

WIDOWED

NAVAL MEDICAL CENTER

AZU

16. CITIZEN OF WHAT COUNTRY

MARRIED NEVER MARRIED

9 BALTIMORE CITY OR COUNTY OF DEATH DIVORCED

MONTGOMERY COUNTY

INDUSTRY CAPT USN, RET

126 KIND OF BUSINESS OR

BETHESDA USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION MARYLAND

TLLINOIS

TO BIRTHPLACE I STATE OF FOREIGN

CITY OR TOWN OF DEATH

MONTGOMERY

BETHESDA

15. MOTHER'S MAIDEN NAME

17 INFORMANT

BERTHA

130. STREET ADDRESS 9403 LINDALE DR. MIDDLE

MEIER

4 FATHER'S NAME HERMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

(IF YES, GIVE WAR OR DATES)

GELL 166 SOCIAL SECURITY NO

CARDIAC

176-32-1948

ADDRESS

PART I. DEATH WAS CAUSED BY

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

CARL L. GELL 3811 UPTON ST. NW WASHINGTON DC APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the underlying couse lost

21g. ACCIDENT WAS UNDERLYING

MYOCARDIAL INFARCTION

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

216. TIME OF INJURY

190 DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

20g AUTOPSY?

to Dec

MEDICAL

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

NON

211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO [

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY

19

211 LOCATION

CITY OR TOWN

COUNTY

STATE

220.1 certify that (1) (this haspital) attended the deceased from Dec. 26 sow the deceased alive and

WHILE

CERTIFICATION

MAME TYPE OR PRINT) O. BROWING MD 226 ADDRESS

DEGREE

NATIONAL NAVAL MEDICAL CENTER, BETHESDA MD

ATTENDING

PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

DHMH-16 30M 2/80 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL 236. DATE I SPECIFY)

Burial

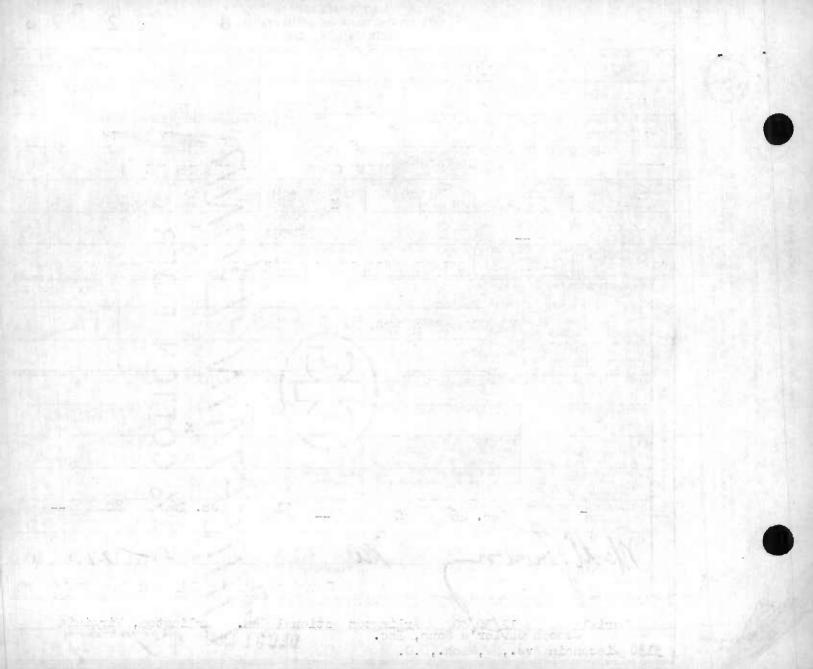
23c. NAME OF CEMETERY OR CREMATORY

Arlington National Cem

23d LOCATION CITY OR TOWN

Virginia Arlington.

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave., NW, Wash., D.C.



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35 5 5 K	3. SE	X 4. RA	CE	5. DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIRTHDAY)	IF UND		IF UNDER 2		DATE	-ED	MONTH	DAY	YEAR	12:30		
ON SOUR		nale	negro	May 29,	1921	59 YRS.	monne		HOUND		DEAD		12		19 80	Рм		
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₹ 58 <u>₹8</u> 8€	CERTIFICATION	190. DATE OF OPER	RATION	196 CONDIT	ION FOR WI	HICH OPERATI	ON WAS	S PERFORM	AED?					HĒÂ	UTOPSY?	ABD.		
IN OF V		210 EXTERNAL CA UNDERLYING CONTRIBUTING	OR		MONTH D	AY YEAR	21c. HOV	V INJURY (OCCURRED	(ENTER NA	TURE OF INJU	RY IN ITEM 18	PART 1 OR P	ART 2)				
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DIVISION OF VI TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WIRTING THE WO PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH. WITH THE STATE DEPARTMENT AND STATEMENT OF THE STATE OF THE STATE OF STATEMENT AND STATEMENT OF THE STATE OF STATEMENT AND STATEMENT OF STATEMENT OF STATEMENT AND STATEMENT OF STATEMEN		22a I certify tha death resulted fra		e af the remains des	Accident [, held an], Suicid	Head Autopsy	Hamici			Inquiry (nd in my a	pinian				
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d with		ATHER'S NAME	DDLE LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE	LAST
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and co	1	WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) UF YES, GIVE W D/11-	ED FORCES? 146 SOCIAL SE PAR OR DATES) 2/53 220-38-		Self	ADDRE	55
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i: The law te has beer permit. The iene prior shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
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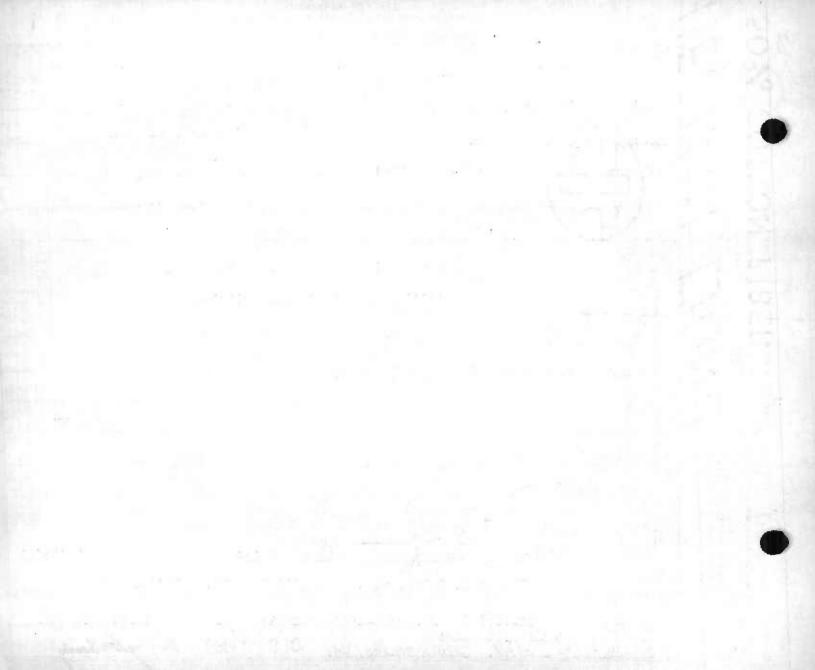
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(VRA 15, 4)

STATE OF MARYLAND

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ORE, MD, 21201 DEATH. IF ANY DELAY IS NECESS NOCES 1. 2, AND 3 TO THE FUNRRAL RAW PAGE 5. FOR YOUR PAGE 5. FOR YOUNG 1. AND 2. SHOULD BE FILED, WITH OCCUTAL RECORDS, 201 W. PRESTON PRESTON PROCESS.	Be	thesda		Suburb	an Hospita			Student						
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., 170 MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD." PENDING" IN PENCIL IN TEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DEATHWORE, MARYLAND, 21201 PRIQR TO BURNAL, CREMATION, OR REMOVAL.	270 0	URIAL, CREMATION			23c NAME OF		ADDITESS	23d LOCATION		-				
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300 W. Montgomery AVe., Rockville, Maryland

STATE OF MARYLAND

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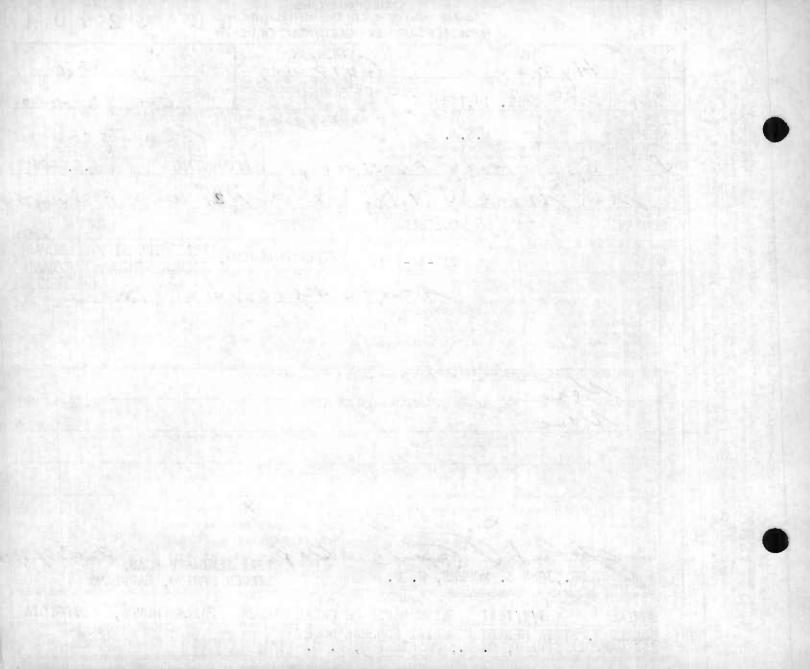
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REGISTRAR		ME	DICAL EXAMIN	ER'S CERTIF	ICATE OF D		REG. NO.		
1. DECEASED NA (TYPE OR PRINT)	ME FIRST	HYMAN	MIDDLE	GOLDB	ERG	20. DATE KNO OF ES DEATH MA	HTHOM HTHOM	DAY YEAR	26. HOUR
) SEV	1147	nan Is. Date of BIRTH	6. AGE (IN YE	GOODER 1 YR	DCVG/		TED DES	JOS PO	M 2d. HOUR
MALE	WHITE	MONTH DAY	YEAR CALT BIRTHD		HOURS MIN		hea.	3 6 10 P	IOA M
7a. BIRTHPLACE		76 CITIZEN OF W		10	JEVER MARRIED [9 BALTIMORE	CITY OR COUN	TY OF DEATH	
NEW YO	RK		S.A.	WIDOWED [DIVORCED	1	1 on	bsome	y y MD.
10 CITY OR TOW	N OF DEATH	11. NAME OF HO	SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS)	E, OR OTHER INSTIT		USUAL OCCUPATI FOR MOST OF WORKING	LIFE)	OR INDUST	
USUAL RESIDENCE	· Ops	OR OTHER INSTITUTION, C		25 1662	P	ACCOUNTAN	T	u.s.	GOV'T.
130 STATE	1 ds 13b. COUN	nont	13c. GRY OR TOWN	YES	NO NO		eniv.	B1016	120+518
BENJAM	IN	MIDDLE	GOLDBERG	S	ADIE	AME		GORDON	4518
160. WAS DECEA	SED EVER IN U.S. ARI	MED FORCES? WAR OR DATES)	166. SOCIAL SECURIT	FOTU	ER GOLDB		UNIVERSI		
	OF DEATH (Enter on	ly ane cause per lin		, 0		SILV	ER SPRIA	APPROXIMA	E INTERVAL
	DEATH WAS CAUSE		A cu	te 1	24000	v4121	17:05	BETWEEN ONS	ET AND DEATH
142	91	DUE TO, OI	R AS A CONSEQUENCE	OF	1				
	tions, If any, which rise to immediate								
	(a) stating the <u>under</u> - cause last.	DUE TO, OI	R AS A CONSEQUENCE	OF					
BARY O OYNE	CICALITY CONSTRUCTOR	(c)							
	I SIGNIFICANT CURBITIONS	CONTRIBOTING TO DEATH	OUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	ION GIVEN IN PART 1 to				
PO. DATE	OF OPERATION	196. COND	ITION FOR WHICH OPE	RATION WAS PERFO	ORMED?			20 AUTOPSY	?
IIFIC	None	_						YES 🗍	NOX
0	NAL CAUSE WAS	21b. TIME C	FINJURY M. MONTH DAY YEA		RY OCCURRED (E)	NTER NATURE OF INJURY	IN ITEM 18 PART 1 OR P	ART 2)	
NO UNDERLY	NG OR OTING CAUSE OF	DEATH P./	۷. 19				16.00711.0		
CONTRIBLE 21d. INJUR WHILE	Y OCCURRED NOT WHILE		OF INJURY (AT HOME, CTORY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	CC	YTAUC	STATE
AT WORK	AT WORK								
22a. I ce			escribed abave, held an	Autopsy .	Inspection 2	lnquiry _	, and in my o	pinian	
death res	ulted fram: Natu	ral causes	Accident , So	ricide	micide U	ndetermined manne	er L.		
ACTUAL	26	DI		TITLE	(SPECIFY)		DATE	1. 3	1/30-
SIGNATU	7	m. J. V	1 Source	M.D.	191	9 SEMINAR	Y ROAD .	10 000	9110
EXAMPLE OF	ES NAMEDR., JO	OHN S. RO	GERS, M. D.	ADDRESS	CTI	VER SPRIM			
	MATION, REMOVAL	23b. DATE		METERY OR CREMA	TORY 23	d. LOCATION CITY OR TOWN		INTY	Win a
BURIA		1/2/1981		ID MEMORI			CHURCH,		INIA
24. FUDONAL	D'M. STEIN	N HEBREWES	MEMORIAL FU W., WASHING	NERAL HOM	III.	D. BY REGISTRAR	756 RESTRAR'S	SIGNATURE	2.
									A.F



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	4.	

e attending physician and campletely filled in by the funeral director, page move carbanpopers. Pages 1 and 2 shauld be filed within 72 hours after dea

must be positived of once

injury, or other traumotic event, th

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

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	PEG NO					

П	REGISTRAR		CERTIFI	CATE OF DEATH	REG. N	0.		
1	1. DECEASED NAME FIRST	WIDDLE	LA	ist .	2a DATE OF DEATH	MONTH I	DAY YEAR	2b. HOUR
ł	Gr.	GOCY	G	omeLSKY	微	12	13 80	10:40 AM
Ì	3. SEX	4. RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	MALE	White	MONTH 5	3 Q3	77	YRS.	MONTHS DAYS	HOURS MIN.
2	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	(? 8.	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OFDEATH	
	Russia	None	WIDOWE		MONTO	gome	2	MD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		R OTHER INSTITUTION	120 USUAL OCCUPAT	101	12b. KIND O	OF BUSINESS OR
5	Silver Spring	Holy Cross	Hose	Ital	Manager	JF WORKING LIF	Hard	ware
1	USUAL RESIDENCE (IF WIRSING HOW OR 130. STATE 130. COUN MONT			13d. INSIDE CITY LIMITS? YES X NO		ey Bı	ranch	Rd
	14. FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME		LAS	ST.
)	Solomon Solomon	Gome1	sky	11631			Unk	
٦	160. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC	CURITY NO.	17. INFORMANT	ADDR	ES Lant	nam, M	d.
1	No	E WAR OR DATES!		Leonard Go	melsky,98	65 Gc		
1		nly one cause per line far (a), (b), o	and (c).)	1 - 0	HEADING T		BETWEEN	ONSET AND DEATH
	PART I. DE ATH WAS CAUSE	TE CAUSE (0) CO VCI	none	a of print	VERS		61	unelles
1	1579	DUE TO, OR AS A CONSEQ	UENCE OF					
1	Conditions, if any, which	(b)				22300		
1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF					
1	underlying cause lost.	(c)						
1		CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	EN IN PART 1	0
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING					5.00		
1	5 190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	S, WERE FINDING CAUSES	NGS USED OF DEATH?
4	RILE				YES NO P	YE	S 🔲	NO 🗆
þ	2 Id. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 P	PART 1 OR PART 2}	
	I IF EITHER NOTIFY MEDICAL EXAMINER		19					
	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e. PLACE OF INJURY	E. FARM, ETC.)	21f LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
1	AT WORK NOT WHILE AT WORK							
ı		tal) attended the deceased from	() .1	eptel her 519 811				that (I) (we) last
1	sow the deceased alive on above, (1) (well-(did) (did no	view the body after death.	fo, an	d that in (my) (cor) opinion	death accurred an the a	ate and hav	r and fram the	couses stated
1	22b. SIGNATURE	// 1 11	Α	DEGREE			22r. DATE	SIGNED
		11000 M	12	ATTENDING PHYSICIAN [MEDICAL STA		12	1320
1	224 PHYSICIAM'S NAME ITYPE C	OR PRINT)	1.)	220 ADDRESS P8 3	30 (Am	ERO.	N 31	REET
	11 VASON	OCCUER, K	n.V.	510	VER S	PRIM	V6. 1	no ligge
	230. BURIAL, GREMATION, REMOVAL	23b. DATE 23c	NAME OF CE	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
	(SPECIFY)	10/15/00	T 1		07	3.6	- 4-	N. J

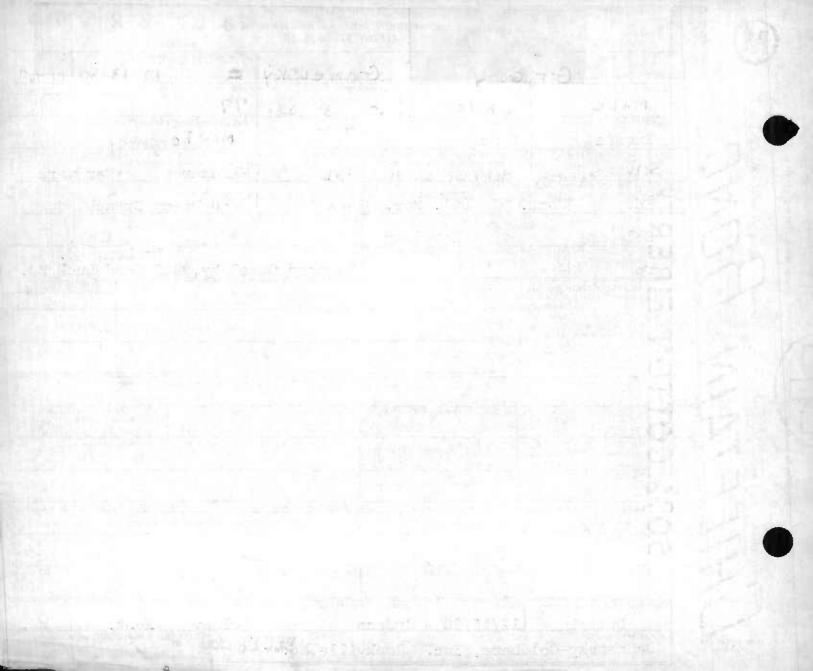
DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur IMPORTANT: If them 21 is marked or Item 18 shows any

Burial 112/15/80 | Judean Olney

14 FUNERAL DIRECTOR
Danzansky-Goldberg, Inc. Rockville, Martin Responses Rockville



11-28-80 Mt. Comfort Cemetery burial 25 TATERCE'D. BY BEST RAR WARE CISTRING SIGNATURE 24 FUNERAL DIRECTOR

26 HOUR DAY

IF UNDER 1 YEAR

DAYS

MONTH

REG. NO

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

HOURS

UNDER 24 HRS

INDUSTRY

12h KIND OF BUSINESS OR

Pryde

APPROXIMATE INTERVAL

20b. IF YES, WERE FINDINGS USED

NO

IN CERTIFYING CAUSES OF DEATH? YES T NO [

COUNTY

Va 🖉

COUNTY STATE

22c. DATE SIGNED

STATE

DHMH-16 25M

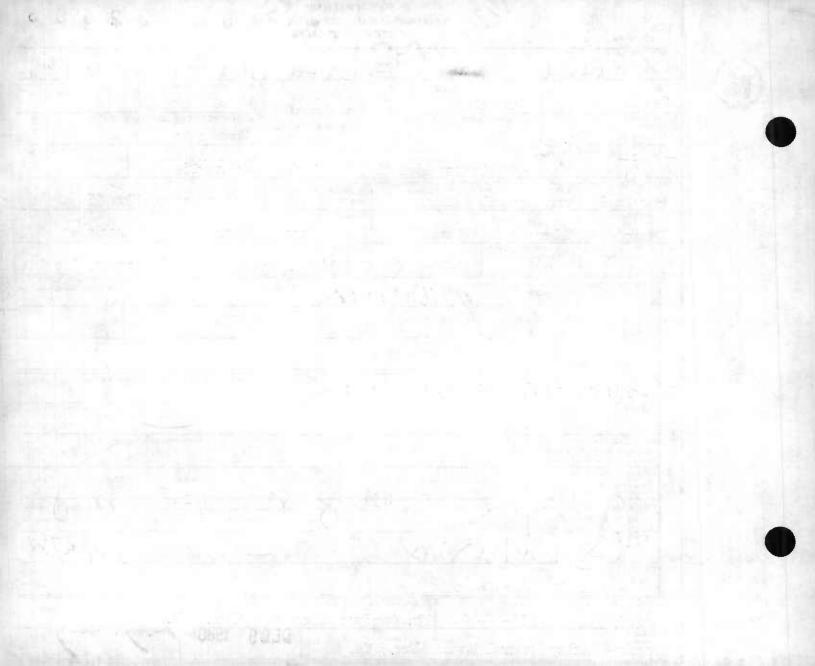
(VRA 15, 4) 1/79

Everly-Whatley Funeral Home, Alex., Va.

FOR

- STATE

REGISTRAR



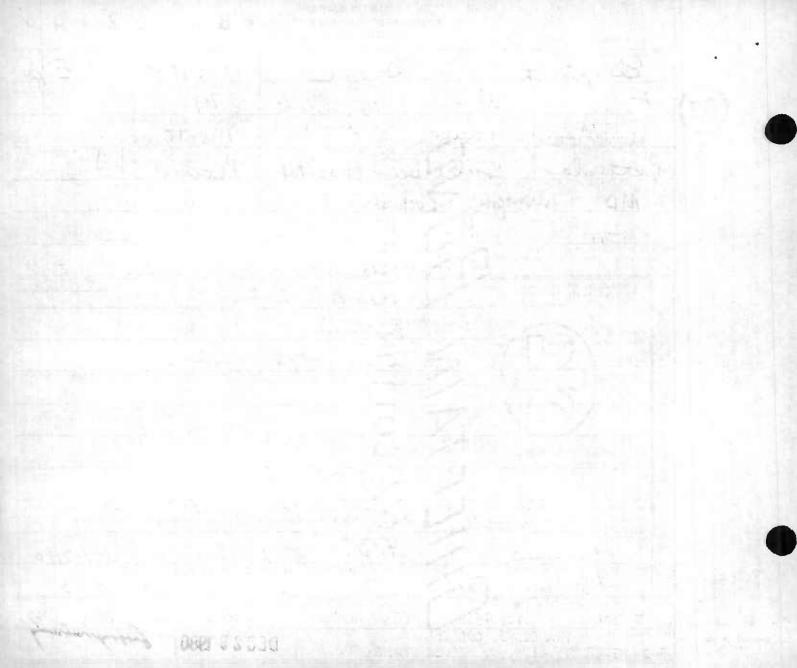
1	X	1	FOR - STATE		DEPA	RTMENT OF H	EALTH AND MENTAL HY	GIENE 8 0 3	2507
0	(00)	1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	
	ERVI		CEASED NAME FIRST		WIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	o pe		ANN	A	=	GR	ANY	1 She 29 12 2	9 20 7:30 P
	moy i pag	3. SE		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	ector,		FEMALE	WH	1+8	MONT	DAY YEAR		MONTHS DAYS HOURS MIN
	Po Hodin		RTHPLACE (STATE OR FOREIGN OUNTRY)	16 CITIZEN O	F WHAT COUNTE	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	nerol in 72 l		UASH DC	An	USR	WIDOWE		Montgomery	MD
	er d	10 C	ITY OR TOWN OF DEATH		F HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
5	O Lot	S	ILUER SPRINGS	1BEL	0.0	OIBEL	PRE RD	Physical Cle	rk U.S.Gov't.
120	be the	JUSU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTIO	ON, GIVE RESIDENCE BE	FORE ADMISSION)			ZIG USUGUV U
9	Filles 24	130.	400	lvert	North		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 7th St	
IAI	thin sho	14. F/	THER'S NAME		1-1-0-1-1	50001	15. MOTHER'S MAIDEN NA		
AR	by Day O		Daniel	MIDDLE A	Junkh	ne	FIRST	MIDDLE	COOPERATE
E, ₹	5 0	I án V	VAS DECEASED EVER IN U.S.				Elizal	ADDRESS), 201	Geanau
O	e execu		ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)				C. Hudson- Rd	-Henderson
NIT.	4 9 9			18-1919	212-5		III B . DO DIIA	HIIIs,Md.	
88 8	ficate physici popel naval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause p SED BY:	er line far (a), (b),	. /1/		milis, Mu.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	g pl		MA EN S MAMEDI	ATE CAUSE (a)_		yn	umonies		10000
O	ndin corb , or	9	786	DUE TO,	OR AS A CONSE	DUENCE OF			
EEST	dep partier reur		Canditians, if any, which	(b)_					
4	the remo		cause (a), stating the	DUE TO,	OR AS A CONSEC	DUENCE OF			
5	that d by ease al, c or at		underlying cause last.	(c)_					
5, 30	gne gne n pli bur		PART 2 OTHER SIGNIFICAN	CONDITIONS	CONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	EN IN PART 1(a
S C	regu	é	Chroniq	typula	both	Fe	uprices ?	Menetard order	rebiosis
DIVISION OF VITAL RECORDS,	A BE TO A	CERTIFICATION	190 DATE OF OPERATION	198 CON	DITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
AL R	iffSiCIAN. The lic ding physicon. is certificate has burial-transit per Mental Hygiene or item 18 shaws	E		A LOUIS					NO
Y Y	KCIAN. The	E E	21a. ACCIDENT WAS UNDERLYING		OF INJURY A.M. MONTH	DAY YEAR	214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	ART 1 OR PART 2)
9	StCIAn ng phy certific priol-tr ental t	AL	OR CONTRIBUTING CAUSE OF ((IF EITHER, NOTIFY MEDICAL EXAMIN	JEAN III	P.M.	19			
O N	+	MEDICAL	214 INJURY OCCURRED	21e. PLAC	E OF INJURY		211 LOCATION	C.T. (0. 10)	COLUMBA
Z Z	or offer the easther the offer the marked	Σ	WHILE NOT WHILE OF AT WORK	(AT HOME,	STREET, FACTORY, OFFI	CE, FARM, ETC.)	SIREET	CITY OR TOWN	COUNTY STATE
٥			22a.1 certify that (I fithis him	ottended	the deceased from	m	dir-210 8.	10 Du 29	19 that (I (warlast
	TOR TOR TOR TOR 15 He		saw, the decementative	on Vie	- 18 19	1.0 3	d that in (my) (our) pinian	death accurred on the date and haur	and fram the causes stated
	OR ATI		22b. SIGNATURE	not) view the bac	ly after death.		DEGREE		22c. DATE SIGNED
			Muld 1	A Anut		1	ATTENDING	MEDICAL STAFF	Dec 29 0 /2
	Sto Sto		22d. PHYSICJAN'S NAME (TYPI	ORPRINT	2	(1	PHYSICIAN (DIRECTOR PHYSICIAN	John C. J. C. Jan
	chospital etained by the FUNERAL should be det with the State MAPORTANT:		Malant	0 1	hadse	4.0	Dear	Connected o	nd C/ south
	TO HOSP retained TO FUNI should by with the	0.2	W / CNAE!		- 11		1 177/1		1. 2/1089 INAIT
		230. E	Burial, CREMATION, REMOVA	236. DATE			ton Nat.Co	m. Arlington	COUNTY V STATE
	BP				1701	WI.TIUS			
DH	MH - 16 60M 7/73	24 F	NAME NETTOY!	F.H.	ADDRESS	Mt.Rai	CITCL. LEAD	TE REC'D, BY REGISTRAR 256. REGISTA	RAR'S SIGNATURE
	(VR A 15 (4))		Inc	C .		Mc	. JA	N 9 1901	/

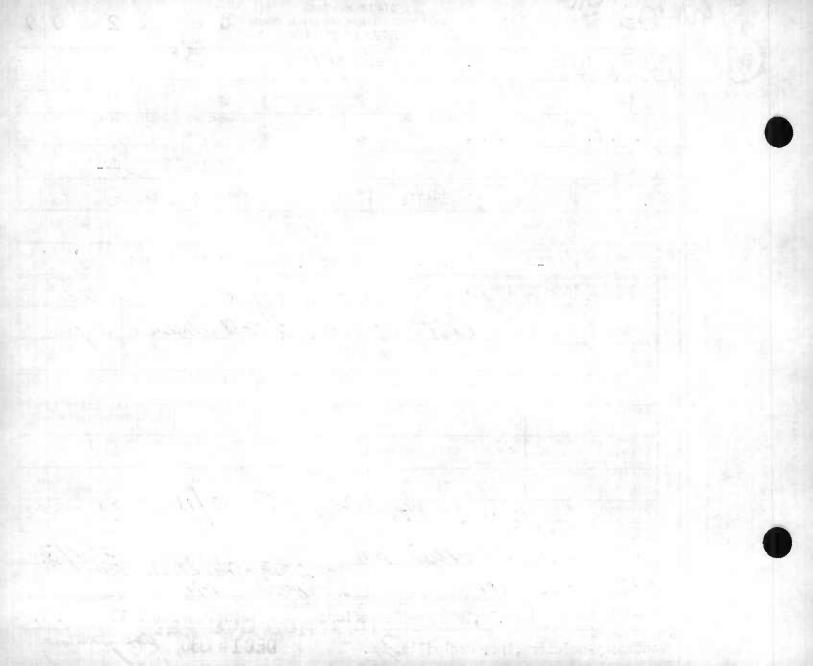
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500 UNIVERSITY BLVD. W., SILVER SPRING, MD.

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DHMH-16 30M 2/80 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



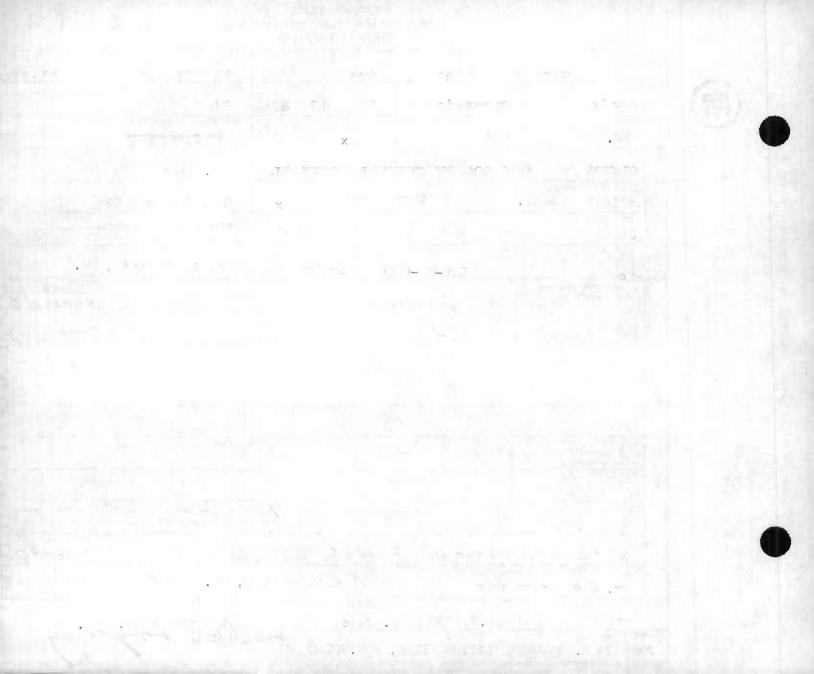


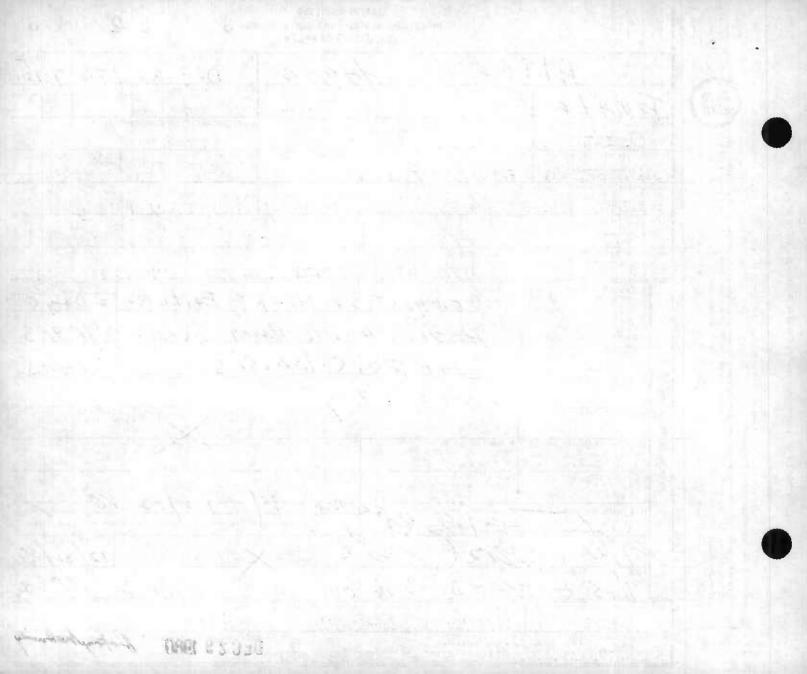
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	1.	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8	O 3	3 2 5	14
MA	(TYP	CEASED NAME E OR PRINT! ANCES	FIRST	Fi	MIDDLE	4	AST	20. DATE OF	DEATH MONTH	DAY YEAR	26 HOUR & 40 P.
	3 SE			4 RACE WHITE		5. DATE C		6. AGE (INYE	ars (ast Birthday)	IF UNDER I YEA	
151		IRTHPLACE (STATE OR I COUNTRY) ENICE, ILL		76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED		GOMERY COUN	ITY OF DEATH	MD
70		Bethesda			HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120. USUAL O	CCUPATION FOR MOST OF WORKING	12b. KIND	OF BUSINESS OR
183	13a. S	AL RESIDENCE (# NURS STATE IRGINIA	TATE	TY		ADMISSION)	13d. INSIDE CITY LIMITS?	OPERAT	OR DDRESS	COURT	
728		EROY	٨	AIDDLE	SURRAT	T	15. MOTHER'S MAIDEN NA FIRST MARY	ME	MIDDLE E.	OLI	AST VER
2 medico		NAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	333-03-6		ERMA RACHINS	SKI	ADDRESSHEF 13360 KE	NDON, V	
urial, cremation, ar rem , ar ather traumatic eve		Conditions, if ony, gove rise to improve (o), stotin underlying couse	mediate ng the lost.	DUE TO, CO (c)	OR AS A CONSEQUE	NCE OF	Mot related to the term	_		3-	ns
ws any injury	CERTIFICATION	19a DATE OF OPERA				The state	N WAS PERFORMED	20a AUTOR	PSY? 20b. IF	YES, WERE FIND RTIFYING CAUSE YES	INGS USED
ked or Hem 18 sho	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEA' CALEXAMINER) RED	21e. PLACE	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, FA	19	216. HOW INJURY OCCUR		- age		
NT: If Item 21 is mort		220. I certify that (I) sow the decease above, (I) (we) (c 22b. SIGNATURE	(this hospit ed alive an did) (did not) view the body	19			MEDICAL	on the date and the STAFF		that (I) (we) lost the couses stated E SIGNED
with the State		22d PHYSICIAN'S NA	ME ITYPE OF	- OA	10		164 000 Q	enn.	(D1.0)	Vanna	note.

BP_ DHMH-16 30M 2/80 (VRA 15, 4)

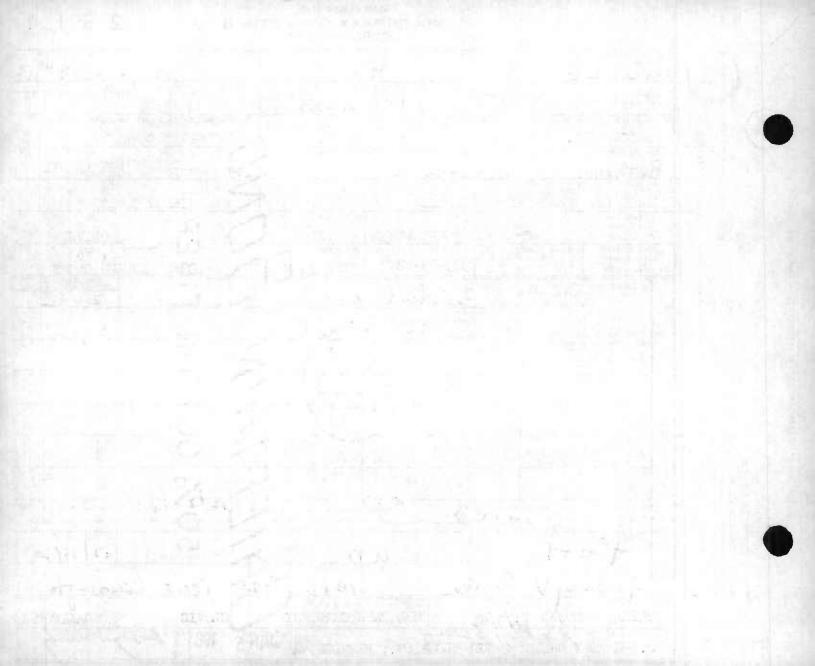
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RED BANK CEMETERY

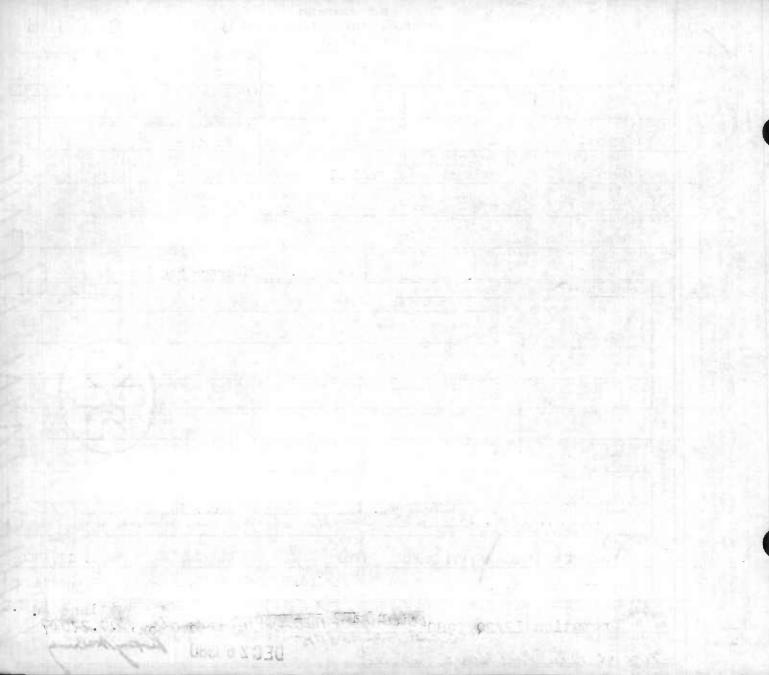
CLOVIS

CALIFORNIA

721 ELDEN ST., HERNDON, VA 24 FUNERAL DIRECTOR



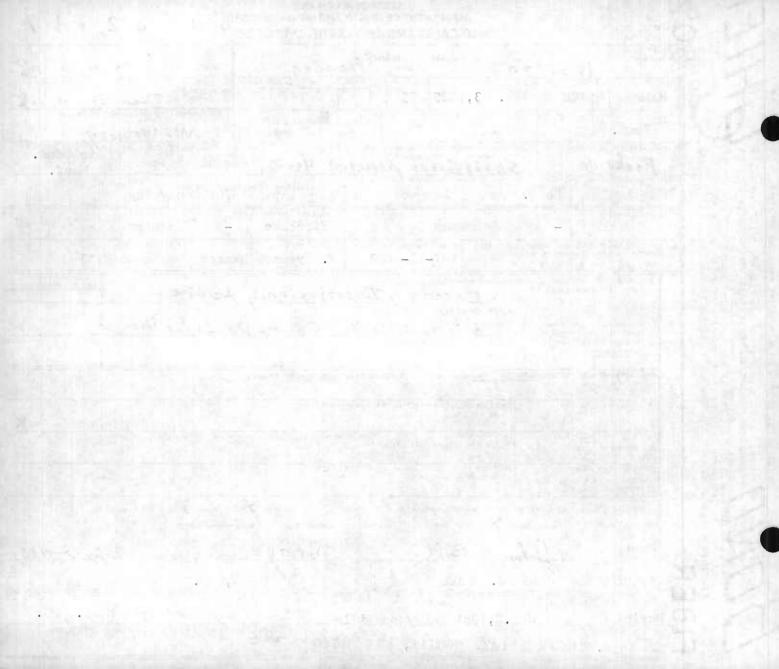
		CEASED NAME FIRST Sylvi	MIDDLE	HALLI BURTON	20. DATE OF DEATH A	MONTH DAY YEAR	26 HOUR 8:25A
							/
1	3 SE	× Female	Negro	5. DATE OF BIRTH July 28 1949	6 AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER I YEAR MONTHS DAYS	
1)	4	RTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVERMARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
antified		TY OR TOWN OF DEATH Bethesda	11. NAME OF HOSPITAL, NURS	WIDOWED DIVORCED DIVORCED	Montgomery 126 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Housewife	N 126. KIND	OF BUSINESS OR Y
ad Must be	13a S	AL RESIDENCE (IF NURSING TO U TATE TO U Tginia Kin	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION) NN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 761 Coffee	Road	
7 x mine)		MIDDLE LAST Lee Mack	15. MOTHER'S MAIDEN N FIRST Mari e	AIDDLE	William	ast MS
medical 3		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC		ADDRES		
ony injury, ar other traumatic e	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.			MINAL DISEASE OR COND	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
4	MEDICAL CERTIF	270. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	ATH HOUR A.M. MONTH	PAY YEAR 19	YES NOW	YES 🗌	NO 🗌
orked or	MEL	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOW	VN COUNTY	STATE



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME 20 DATE KNOWN CARL WARREN HANSEN (TYPE OR PRINT) DEATH MATED ZITEN Mansen DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUF SEX 4 RACE 14ST BIRTHDAY) DATE PRONOUNCED APR. 23.1925 WHITE MALE 1980 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR NEVER MARRIED Penn. USA Montgemery DIVORCED A Dring of Business IA CITY OF TOWN OF DEATH Administrator Manf. Derwood 13d INSIDE CITY LIMITS? 18701 Rocky Way Mont. NOXT 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Hansen LAST FIRSCarl Florence Hansen ADDRESS 17. INFORMANT 166 SOCIAL SECURITY NO. 60, WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 147-12-6053 Same as # 13 E. Frances Hansen WWII Yes 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH Coronary Insufficiency Acute. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). tergo-sclerotic-Cardio Vascular Disesse Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE O lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 20. AUTOPSY? 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? YES [] BURIAL 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH II LOCATION 218 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STATE STREET, FACTORY, FARM, ETC.1 CITY OR TOWN WHILE AT WORK Inspection 1 ond in my opinion 22a I certify that I took charge of the remains described above, held an Autopsy Notural causes Hamicide ___ Undetermined manner death resulted from: Accident ACTUAL ER DEATH, MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME BETHESDA, MD. JOHN (TYPE OR PRINT) 236 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE Laytonsville Mont. Jan. 2, 1981 Laytonsville Burial 250. DIATE REC D. BY REGISTRAR 256. REGIST 24. FUNERAL DIRECTOR **DHMH** - 17 LAYTONSVILLE, MD 20760 (VR A15 ME (5)) FRANCIS H. BARBER

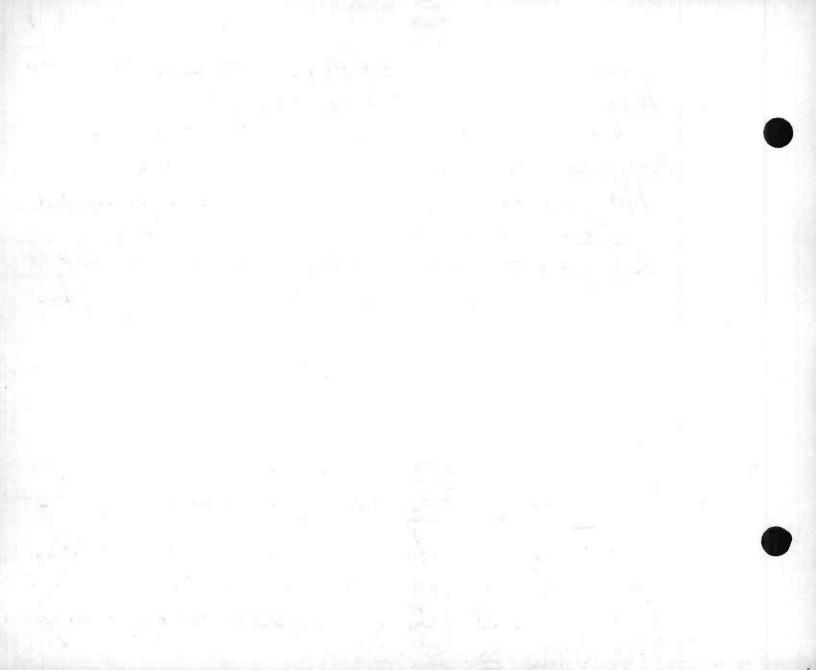
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST DATE KNOWN (TYPE OR PRINT) OF DEATH MATED Rose 19 80 Hargrove 4 RACE 6 AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS. DATE LAST BIRTHDAY) PRONOUNCED Sep. 27, 1888 19 80 P. Female White 92 DEAD 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Pennsylvania United States DIVORCED Montgomery County ID. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 1. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Homemaker Home Takoma Park Carroll Avenue. 13a. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 138 STREET ADDRESS YES X Carroll Avenue, #516 Takoma Park NO [Maryland Montgomery 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST Unknown Phoebe Bailey ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Richard L. Hargrove No 173-09-7700 12509 Greenly Dr., Silver Spring, Md. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) chronic myocardial disease. Years gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) IFICATION None 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🔲 NO X None CERT BURL 21g EXTERNAL CAUSE WAS 71b. TIME OF IN ILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH None 211. LOCATION 21d. INJURY OCCURRED 218 PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram. Notural couses Undetermined monner TITLE (SPECIFY) 12/5/80 FUNERAL DEATH, TER DEATH, Deputy MEDICAL EXAMINER 1919 Seminary Road John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery, Md. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL December STATE ECIFY 8,1980 Wildwood Cemetery Williamsport 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, DHMH - 17 P.A., Bethesda, Maryland (VR A15 ME (5)) 15M 7/76

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FOR

- STATE

(VR A 15 (4))

REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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68	Sil	ver Spring	(# NOT IN SU	CH FACILITY, GIVE STREET	Holy	Cross Hospit	128 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF 1 1 —	F WORKING LIFE) IT	NOUSTRY emplo	yed
35	130 S1	aryland Mon		13c CITY OR TOW	Sprin		805 Whitt	ington	Terra	ce
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1	(YE	AS DECEASED EVER IN U.S. S. NO OR UNKNOWN) (IF YES, I	ARMED FORCES? GIVE WAR OR DATES)	16 SOCIAL SECU	JRITY NO.	Karen V. He	lsel same	as 13e		AATE INTERVAL
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1		Ralph	S A	ller		111 Sp11	ns Street	t .S.	1. /bv	ins-n
	23a B(JRIAL, CREMATION, REMOV Burial		•		emetery or crematory of Heaven Cen	23d LOCATION CITY OF TOWN 1etery Sil	ver Spr		Md.
/I	24. FU	NERAL DIRECTOR WE	eeler F	uneredissH	ome,	Inc.	REC'D. BY REGISTRAR	256. REGISTRAR	SSIGNATI	& Cross



Maryland Montgomery Silver Spring X 805 unitington Person

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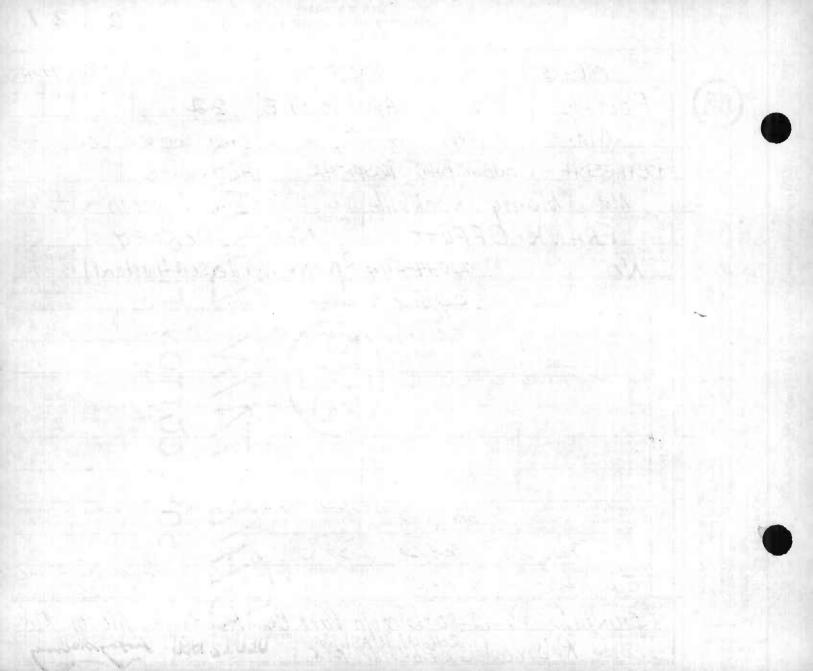
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Burial 1/5/81 Gate of Heaven Cemetery Silver Spring, Nd.

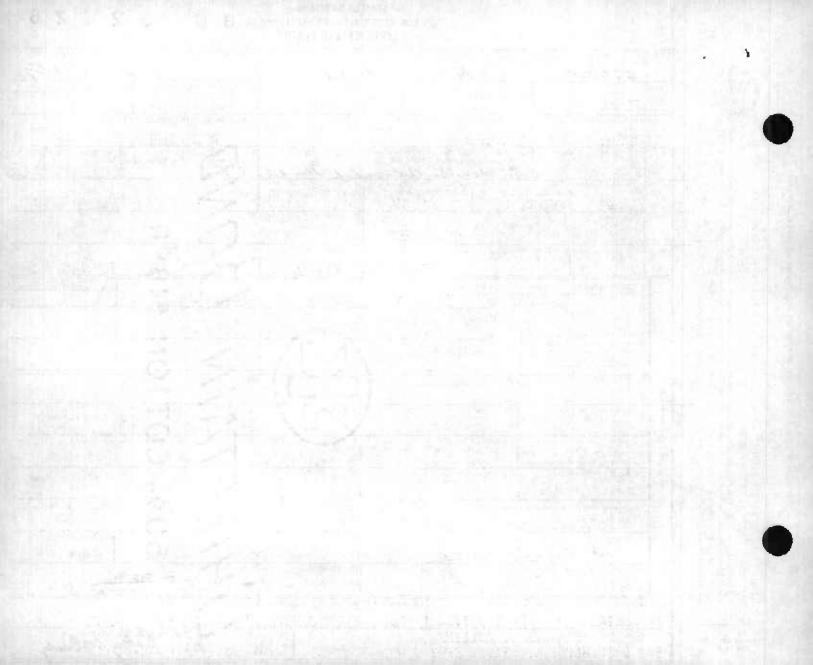
Tyson Wheeler Funeral Mome, Inc. 1331 Rockville Dike Roc ville, Maryland

DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Haze1 Henderson DEATH MATED Dec. 27 NMI) 4. RACE 6 AGE IIN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE OF BIRTH 2c. DATE PRONOUNCED 10:A Female Cauc. Dec. 4,1899 DEAD Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED . Georgia WIDOWEDY Montgomery County. 126. KIND OF BUSINESS 120 USUAL OCCUPATION LTYPE OF WORK Dairy maid Dr. Germantown Homemaker Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13213 Dairymaid Dr. 3e. STATE 136 COUNTY YES [NOT Md. Montgomery Germantown 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE **LAST** Alexander Jardine Katherine Lamb 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-40-0577 Freddie H. Evans (Same as 13e) No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary insufficiency IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Cardiovascular disease gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 198 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? USE OF YES NO X 21n EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME. 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inquiry Y 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection Hamicide Undetermined manner death resulted from: Natural couses TITLE (SPECIFY DATE 12/27/1980 ACTUAL DEATH, SIGNATURE John G. Ball, M.D. Old Georgetown Rd. EXAMINER'S NA TYPE OR PRINT) Bethesda, Md. 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 30 BURIAL CREMATION REMOVAL December 30 Cedar Hill Cemetery Maryland Suitland 25a, DATE REC'D. 25b. RECUSTRAR'S SIGNATURE Robert A. Pumphrey Funeral Homes, 198 (VR A15 ME (5)) P.A., Rockville, Maryland 15M 7/76

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		3. SE		4. RACE	5. DATE C		6. AGE (IN YEARS L	AST BIRTHDAY]	IF UNDER 1 YEAR	IF UNDER 24 HRS	
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Her			22b. SIGN JURE			DEGREE			22c. DATE	SIGNED	
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z -	_		22d PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	Noine Clor 11	H3CKIT L			
IMPORTANT:			Steven A.	Burger			Pale Dr.	Sluce S	my	ne.	
₹.			BURIAL, CREMATION, REMOVAL	L 23b. DATE	3c. NAME OF C	EMETERY OR CREMATORY	23d. LOC ATION				
	45		BURIAL	12/31/80	ROCK	CREEK CEMETER	V CITY OR TO	INGTON.	DC	STATE	
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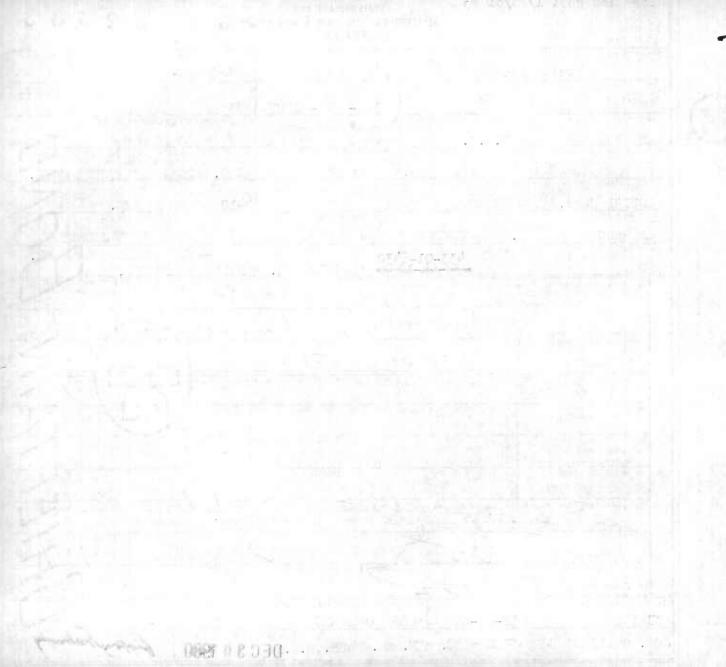
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN (TYPE OR PRINT) ESTI-C. Chapman Herrman DEATH MATED 12-26 1080 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 4 RACE DATE OF BIRTH DATE cauca-PRONOUNCED DEAD Male sian ugust 29,1912 688 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY) United States WIDOWED DIVORCED Maryland 126 KIND OF BUSINESS M CITY OR TOWN OF DEATH Retired Engineer Dupont USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 4136 COUNTY New 13c CITY OR TOWN T3d INSIDE CITY LIMITS? 13e. STREET ADDRESS 130. STATE 3 South Dillwyn Road Delaware Newark NO 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST FIRST Walter Harriett Keen Herrman 17. INFORMANT ADDRESS T6b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. GIVE P. WITH FO IT. PAGES (YES, NO. OR UNKNOWN) 35-10-0369 Yes Elizabeth D. Herrman same DZ APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) Insufficiency Acote BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY: HYGIENE IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL, YES [DEPARTMENT OF PRIOR TO BURIA 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. III. LOCATION 21d. INJURY OCCURRED STREET STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY AT WORK AT WORK PAGE STATE TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21 220. I certify that I taak charge of the remains described above, held an Autapsy Natural causes Undetermined manner death resulted fram: Hamicide TITLE (SPECIFY) __MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Dr . 7936 Old Georgetown Rd. Bethesda John G. Ball (TYPE OR PRINT) Md. 230. BURIAL, CREMATION, REMOVAL 23c Name OF CEMETERY OF CREMATORY Metropolitan 23d LOCATION December Crematory 150 DATE REC Cremation Virginia BP 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral **DHMH-17** (VR A15 ME (5)) IAN 2 Homes P.A., Rockville, Maryland 15M 7/76

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ogs 7 decrit 3	DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 28 HOUR (TYPE OR PRINT) LAWRENCE E. HIGGINS 12/36/80 245
(5)	A RACE S. DATE OF MRTH BAY YEAR 10 - 2 - 1907 73 YRS.
The Marie	16. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8. COUNTRY) LOUISIANA U.S.A. WIDOWED DIVORCED 19. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED 19. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED 19. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED 19. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED 19. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED 19. BALTIMORE CITY OR COUNTY OF DEATH
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TTEN Putol TOR: for us of He 21 is	The Learning that (1) (w) the deceased from 19 , to 19 , that (1) (w) take deceased diversor the back after death 2 and that in (my) (our) apinion death accurred on the date and hour and from the causes state above (1) we) idid (clid half year the back after death 2).
OR bep	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
TO HOSPITAL retained by the TO FUNERAL should be detted with the State IMPORTANT:	SAMUEL Its OFFICE STATE (TYPE OR PRINT) 220 ADDRESS 5632 SHIELDS ORIVE, BEX)
BP	236. BURIAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN COUNTY STA
DHMH-16 30M 2/80 (VRA 15, 4)	JOS. "GAWLERS! SONG 5130 VISC. ADDRESSE. NV. WASH., D. C. DEC 3 0 1980



A) 48 m	1. DE	REGISTRAR CEASED NAME E OR PRINT!	FIRST		MICAL EXAMIN MIDDLE William		HILL		DATE KNO OF EST DEATH MAT	TI-		YEAR 80	b. HOUR
ARY PLE L DIRECTO YOUR FIL N 72 HOL TON STRE	3. SE)	100	hite	5. DATE OF BIRTH	YEAR 6. AGE (IN Y) 1919 61 Y	AYI MONTH		MIN. PR	ONOUNCED DEAD	MON 12	TH DAY	VEAR 80	3p M
S POR S POR W PRES	FO	REIGN COUNTRY) Maryland TY OR TOWN OF D		76. CITIZEN OF WH	PITAL, NURSING HOM	WIDOW		CED 🔀	Monte LOCCUPATION	gomery	County		MD.
DELAY ESTA		Rockvill	.e	216 Con	CILITY, GIVE STREET ADDRESS) gressional E RESIDENCE BEFORE ADMISS	Lane	EK INSTITUTION	FOR MO	of working L	Toyed	OR IN	ckin	
RETAIN RE	130. S Ma	ryland THER'S NAME	Mont	gomery	Rockvil	Le	YES MO	13. SIRE	Congr	ession	nal Ln	• Ap	t 20
FORM PM 3 ES LAND 23 ON OF VITAL		John		William	Hill		Ruth	DEN NAME	Hilda			alla	
1	100. V	AS DECEASED EVE S, NO, OR UNKNOWN)	19	41 AR DATES)	166. SOCIAL SECURIT 220-01-62 for (a), (b), and (c),) ronary thr	268	17 INFORMANT Ted Nett		2415 F		arsh R		Md.
CHIEF MEDICAL EXAMBLE ALL E USED AS A BURIAL TRANSITI T OF HEALTH AND MENTAL HYG URIAL, CREMATION, OR FEMOL	CERTIFICATION	cause (a) stati lying cause las PART 2 OTNER SIGNIFIC 19a. DATE OF OPER	ANT CONDITIONS CO	ONTRIBUTING TO GEATH B	AS A CONSEQUENCE UT NOT RELATED TO THE TERM THOSIS OF TON FOR WHICH OPEN	ninal disease the 1:	iver.	'ART 1 (a).			20 AU1	OPSY?	
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				of the remains desc	ribed abave, held on	Autaps	y X, Inspection	on D.	Inquiry .	ond in m	y apınıan		
EAL DIRECTOR: PA ATH, WITH THE STA RE, MARYLAND, 21		death resulted fro	M: Noturo	l causes X.	Accident , Su	ricide	Homicide TITLE (SPECIFY) D. Assistan	Undetern	nined monner	D.A. SK	TE 12-	14-8	0
PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3.5 AFTER DEATH, WITH THE STATE DEP BALLIMORE, MARYLAND, 21201 PR	92. 6	death resulted fro	Anı	n M. Dixo		M.	TITLE (SPECIFY) D. Assistan ADDRESS 111	Undetern	ALEXAMINER	DA SK	TE 12-	14- 8	0

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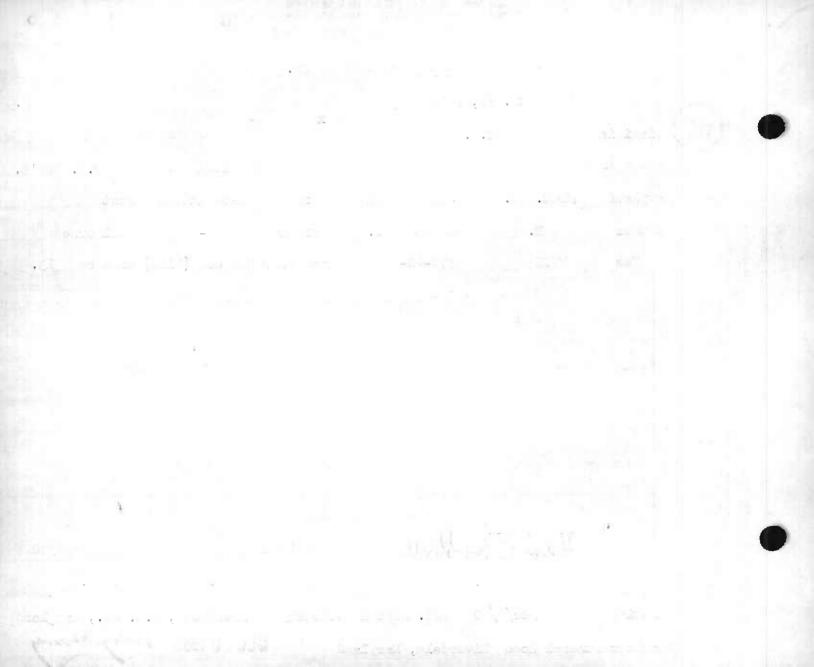
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		1			STAT	E OF MARYLAND			
4		1	FOR STATE REGISTRAR	DEI		EALTH AND MENTAL HYD	REG. NO.	3 2 5	3 5
			CEASED NAME FIRST	MIDDLE	Huge 57	AST	20. DATE OF DEATH MON	TH DAY YEAR	26 HOUR
e P	1	1	KRIC	L.	H	INSON	12	30 80	153 P 4
мом по	m El I	1.58		4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY		IF UNDER 24 HRS
4	Lag a		Female	White	Apri		59	YRS.	HOURS MIN.
Pog Programme	-		IRTHPLACE WATE OR FOREIGN	76 CITIZEN OF WHAT COUR	VTRY? 8		9. BALTIMORE CITY OR CO		
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op a	4		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME		12a. USUAL OCCUPATION	12b. KIND O	MD. F BUSINESS OR
offi ted	37/	Ta	koma Park	Washington	Advent	ist Hosp.	Waitress	RKING LIFE) INDUSTRY	
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AND 2 AND 2 Filled fould b	233	130.			Rainier	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 3354 Chillu	m Poad	
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m, 2 0.2	0		VAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT	ADDRESS	Ammons	
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that the death certify by the attending please move corrections.	or other traumotic eve		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last.	DUE TO, OR AS A CON (b) CLACK DUE TO, OR AS A CON (c)	SEQUENCE OF	(C) no mo of	tengue		
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AL RECC	smo 2		19a. DATE OF OPERATION	196. CONDITION FOR W	/HICH OPERATIO	N WAS PERFORMED		. IF YES, WERE FINDIN CERTIFYING CAUSES YES	
PHYSICIAN: T ending physici this certificate the brightness	9 Pem 18 s		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)	
IVISION OF PHORES The Per this street	rkedort	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	PFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Or O	on si l		22a.I certify that (I) (this hospit saw the deceased alive on	12/30		nd that in (my) (our) opinion	deoth occurred on the date of	nd hour and from the	that (I) (we) lost
R ATTEN hospitol	em 2		obave, (I) (we) (did) (did not	t) view the bady after death.		DEGREE		22c. DATE S	
o a popular	Z =		Name	fatin	Ma	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		30-80
TO HOSPITAL retoined by 1 TO FUNERAL should be de	APORTA		HARVEY KA	TZEN	3 7/8	G525 Bele	next Red 1	L. Nel.	
1/ 00	3 3	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	7	(****
1600 BP			Burial	1-3-81	Cedar	Dale Cem.	Mullins,	South Ca	rolina
DHMH-16 30M 2 (VRA 15, 4)	/80		UNERAL DIRECTOR Robt I				FAN 68Y RE 1984R 256.		
			Tuneral Home	Rd., Sui	tland,	Md.			

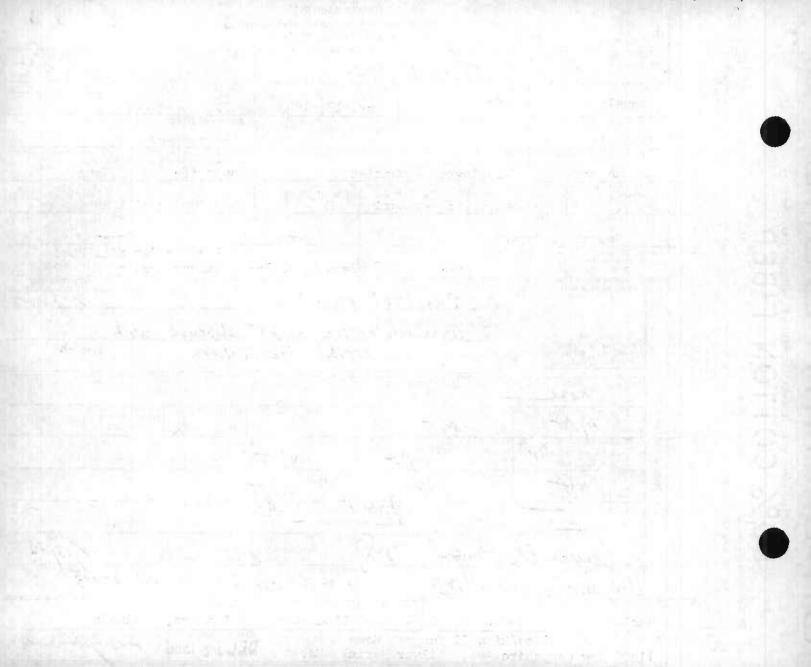
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	1 - STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	2	Š	3	6
3.	(TYPE OR PRINT) OF ESTI-	MONTH	DAY	YEAR	26 HOUR
	CRUDER EDMUND Edward HOBGOOD Jr. DEATH MATED	12		980	M
	SEX BACE S. DATE OF BIRTH SEARCH S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD	MONTH 12	DAY 4	YEAR 1980	9:40 A. M
10	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8. MARRIED X NEVER MARRIED 79. BALTIMORE CITY OR	COUNT			
	Virginia US.A. WIDOWED DIVORCED Montgomery	Cou	nty		MD.
1	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF MORKING LIFE)	OF WORK	12b. KIN OR	D OF BU	SINESS
	Takoma Park Washington Adventist Hospital Clerk		U.S.		
13	JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 136. COUNTY 136. CITY OR TOWN 13d INSIDE (ITY LIMITS? 136. STREET ADDRESS Maryland Mont. Co. Silver Spring YES & NO 1104 Quebec St				
_	14. FATHER'S NAME	1000			
9	Cruder E. Hobgood Sr. Minor	Wel	.borr	AST DE	
16	60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	1102	.0011	10	
		Same	as	# 1	3.
	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease		APP	ROXIMATE EN ONSET	INTERVAL AND DEATH
-	Conditions, if any, which gove rise to immediate couse (a) stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF				
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IM PART 1 (o)				
	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY 2110. TIME OF INJURY 2110. TOWN INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PAI	100	20 AL	JTOPSY?	
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		RT I OR PAR	RT 2)		
	UNDERTYING CONTRIBUTING CAUSE OF DEATH P.M. 19 ZIGURISHING CONTRIBUTING CAUSE OF DEATH P.M. 19 ZIGURISHING CONTRIBUTING CAUSE OF DEATH P.M. 19 ZIGURISHING CAUSE OF DEATH P.M. 19 ZIGURISH CAUSE OF DEATH P.M.	COU	JNTY		STATE
	276. I certify that I taak charge of the remains described abave, held an Autapsy X, Inspection , Inquiry , and death resulted fram: Natural causes X Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER	DATE SIGNED	12	/5/8	30
> -	EXAMINER'S NAME Margarita A. Korell ADDRESS 111 Penn St., Baltimos	re, l	Md.		
23	136. Burial Cremation, Removal 236. Date 136. Name of Cemetery Or Crematory 236 LOCATION CITY OF TOWN DECLARD BURIAL Dec/9/80 Ft. Lincoln Cemetery Brentwood. P.G.	COUN			ATE
2.	Burial Dec/9/80 Ft. Lincoln Cemetery Brentwood, P.G.	· CO	GNATU	ary.	land
	NAME ADDRESS DEC. 1.0. 1UU()	1	1/20	Cro	4
	Chambers, Funeral Home Riverdale, Maryland DECIU 1300				



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH MONTH YEAR 26 HOUR TYPE OR PRINTS Hoffman Hazel December 25 1980 10 . 40 PM AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS 3 SEX 4. RACE MONTH March 10,1889 Caucasian Female 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Ohio WIDOWED Montgomery County, 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH Bethesdam Rettimement and ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Chevy Chase Home Nursing Center Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) III COUNTY 13e STREET ADDRESS I I CITY OF TOWN 13d INSIDE CITY LIMITS? 9212 Farnsworth Court YESX Maryland Potomac NO [Montg IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE William Squires Helene Wagner 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. LYES, NO OR LINKNOWN (# TES, GIVE WAR ON DATES) Hallie H. Moynelo (Same as 13e) No 18. CAUSE OF DEATH Enter only one couse per line for PART I DEATH WAS CAUSED BY day IMMEDIATE CAUSE ID Crouse of Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cours (a), stoting the underlying couse fast. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMONAL DISPASE OR CONDITION GIVEN IN PART CERTIFICATION 20h IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [NOX YES [sho 71n ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem 10 LIF EITHER NOTIFY MEDICAL EXAMINER) PA THE LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OR TOW AT HOME STREET, FACTORY OFFICE, FARM ETC) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (and opinion death occurred on the date and hour and from the causes stated sow the deceased alive on (did polywew the body after deoth. 22c DATE SIGNED DEGREE December 1980 ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN X PHYSICIAN'S NAME (THE CHANGE 22e. ADDRESS 8218 Wisconsin Ave. Bethesda. Blaine Fitzgerald, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236 FURIAL CREMATION, REMOVAL 236 DATE 19 Dec. 27, 80 | Parklawn Memorial Pk. Rockville, Maryland Burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral DHMH-16 30M 2/80 Bethesda, Maryland (VRA 15, 4) Homes, P.A.,

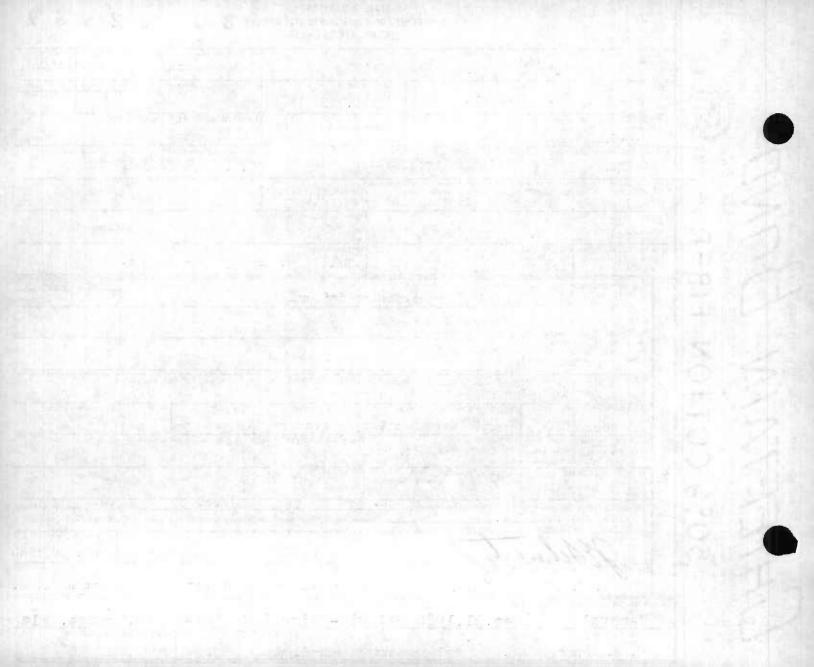
Control Level , or radraces | ______ related ____ _ _ female female The light of the control of the cont . Tankey Examin and Maria Carrier Service the Land Spin ser . sends brail the CLASS NOTES WATER ON THE SECTION OF THE CALL filmides the transfer of the film of the films of the film of the



IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, or other traumatic event, the medical examiner must be patified TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16 30M 2/80 (VRA 15, 4)

	1-	FOR STATE REGISTRAR		DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	rGIENE 8 U	3	2 5	3 9
		CEASED NAME	FIRST	MIDDLE		AST	MONTH DA	1980	26 HOUR 1:40A	
			ichael	L.	HOLI		December			M
1	3 SEX	Male	4 RACE Cau	casian	5. DATE O	ot. 31 1961	6. AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN
1	7a. Bl	RTHPLACE (STATE OR F COUNTRY) Florida		EN OF WHAT COUNT	RY? 8. MARRIEI	NEVER MARRIED X	9 BALTIMORE CITY C	OR COUNTY O	OF DEATH	410
27	10 C	Bethesda		ME OF HOSPITAL, NUI	RSING HOME O	ROTHER INSTITUTION	120. USUAL OCCUPAT TYPE OF WORK FOR MOST O U.S. Marin	ION	126. KIND OF INDUSTRY	BUSINESS OR
18	13a S	AL RESIDENCE (IF NUM STATE Lorida	ng hove or other ins the county Orange	13c. CITY OR T			13e STREET ADDRESS Route 1 B	ox 37-1	AA	
18	14 FA	Harold	R.	Holley Holley		15. MOTHER'S MAIDEN N Ruth	WIDDLE		ohnson	
3		vas deceased ever yes no or unknown) Yes	U.S. ARMED FOR LIFYES GIVE WAR OR TO 1978-80			Harold R.	Holley See	item 13	3	
	ION	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Left ventricular failure DUE TO, OR AS A CONSEQUENCE OF Aortic and mitral regurgitation DUE TO, OR AS A CONSEQUENCE OF A Cute bacterial endocarditis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Aortic valve replacement								
2	CERTIFICATION	19a DATE OF OPERAT		condition for whortic insu		was performed by secondary	2002AUTOSYZ		WERE FINDING	
9		21g. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH HC	TIME OF INJURY DUR A.M. MONTH P.M.	- 45		IRRED (ENTER NATURE OF INJU		_	
	MEDICAL	21d. INJURY OCCURR	LE (AT H	PLACE OF INJURY 10ME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
Š.		22a.1 certify that (I/ (this hospital) attended the deceased from Dec. 22 1980 to Dec. 30 1980, that (I/ (we) last sow the deceased above on Dec. 30 and that in (In/) (our) opinion death occurred on the date and hour and from the causes stated above. (I/ (we) (did) (did								
ì		046	Chwar	57			MEDICAL STA	FF CIAN (28)	Dec.	30,1980
			SCHWART:	Z, M.D.		22e. ADDRESS National Na	aval Medical	Center	, Beth	esda,Md.
	23a. B	SURIAL, CREMATION, ISPECIFY) Removal		c.31,198		METERY OR CREMATORY Win-Fairch	CITY OR TOWN	Gar	county Orange	state Fla
		UNERAL DIRECTOR W. W. Cha		ADDRE	55		ATE REC'D. BY REGISTRAR		AR'S SIGNATU	
		m. w. olla	mbers co.	SIIVE	TODITI	g, maryrand	11 0 1001	-		· ·

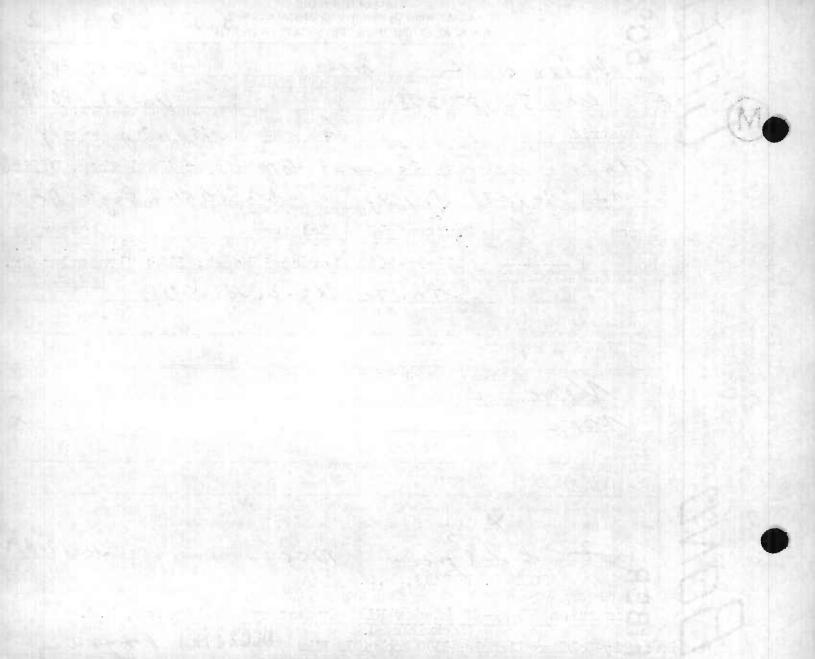




STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME TO DATE KNOWN A MONTH (TYPE OR PRINT) OF ESTI-Mark 6. AGE (IN YEARS 3 SEX 5. DATE OF BIRTH 2c. DATE LAST BIRTHDAY) PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED I (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUE Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO NO 73b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) LINDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Hamicide Undetermined manne death resulted fram: Suicide TITLE (SPECIFY) **ADDRESS** DHMH - 17 (VR A15 ME (5)) COCKER CHARLEST IN COLOR 15M 7/76

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STATE OF MARYLAND



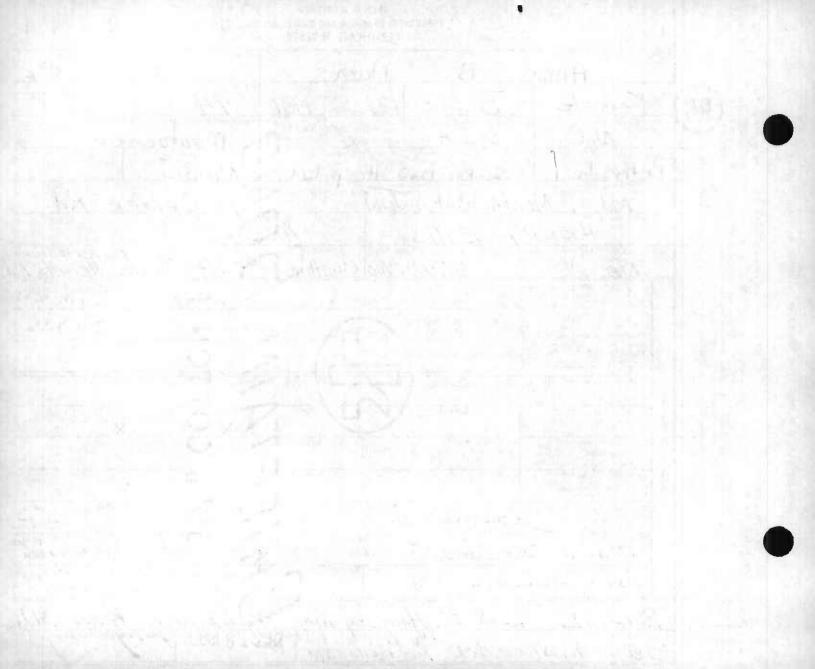
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH . DECEASED NAME MONTH 26 HOUR [TYPE OR PRINT] Estelle Marv 1980 Hough December 25, 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS. MONTH HOURS. Female Caucasian March 3.1899 70. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Montgomery County. Virginia United States WIDOWED (X) 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bethesda Suburban Hospital Homemaker Ho me USUAL RESIDENCE (IF NIME HONDER OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI NILCOUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MontgomerySilver Springs X 1900 Lyttonsville Rd. #1007 faryland I FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Walter E. Ferneyhough Marv Roberts 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 579-26-2301 Jack R. Smith, Same as item No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for La), (b), and (c PART I. DEATH WAS CAUSED BY: River IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Krongry Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES [21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21e. PLACE OF INJURY 211. LOCATION 21d INJURY OCCURRED COUNTY STATE CITY OF TOWN STREET AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from. 1- 19 8 00 sow the deceased alive on_ L, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (wet (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED 2-26-50 ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN should be der with the State 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS Seruch T. Kimble, M.D. Georgia Avenue. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY (SPECIFY) BP Burial Parklawn Memorial Pk. Rockville. 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral 25a. DATE REC'D. BY REGISTRAR 25b. RECOTRAR'S SIG DHMH-16 30M 2/80 (VRA 15, 4) Bethesda, Maryland

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



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). DE	CEASED NAME FIRST I	ucile MDDLE		Hunt		MONTH DA	1980 25 HOUR
director ago ours a ferrence o	3 SE	/emale	White	5. DATE C		6, AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR IF UNDER 24 H
uneral di in 72 hou) (Teves	LISA	MARRIE		BALTIMORE CITY O	7-19	omery
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y filled in ould be f	713a	AL RESIDENCE (IF NURSING HOME OR O	OTHER INSTITUTION, GIVE RESIDENCE BEFO 13c. CITY OR TO Washing	WN	YES 🛛 NO 🗌		necticu	t Avenue, N.
completel		Robert	DDLE LAST Hunt		15. MOTHER'S MAIDEN NAM FRST Louella	MIDDLE		Davenport
te be exe		WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE V NO	NAR OR DATES! 579-52-		John H. Peac	ock, 5901		La., Bethesda
v requires that the death certifica in signed by the attending physic hen please remove carbon papers to burial, cremation, or removal ty injury, or other traumatic ever	2	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if en, which gove rise to immediate cause (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	UENCE OF		oncleroris NAL DISEASE OR CON	DITION GIVEN	year
Cian. Cian. The lay be if icate has be nosit permit. Thygiene prion m 18 shows a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	YES NO NO		WERE FINDINGS USED ING CAUSES OF DEATH?
SIC	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	21¢ HOW INJURY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T 1 OR PART 2)
DING ttendir After s the by th and marker	ME	WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TO	WN	COUNTY STATE
TO HOSPITAL OH ATTEN retained by the hospital or a TO FUNERAL DIRECTOR: should be detached for use a with the State Dept. of Heal IMPORTANT: If Item 21 is		278 I certify that (I) Myshabita sow the deceased alive on above, (I) (washed) (idid not) 27b. SISPATURE 27pl. PHYSICIAN'S NAME (IVPE OR) Tames W	view the body after death.	80,01	DEGREE ATTENDING PHYSICIAN 22R ADDRESS 5 4/3 Ce	MEDICAL STA	FF	2 SQ, that (we) and from the couses stated 27c. DATE SIGNED 1 Z/6/80
BP		BURIAL, CREMATION, REMOVAL SPECEY) Burial	12/8/80	Rock C	emetery or crematory reek Cemetery	23d LOCATION CITY OF TOWN	ngton,"	D.C. STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 F	uneral director Joseph 130 Wisconsin Av	Gawler's Sons	c. 200	16 DEC	REC'D. BY REGISTRAR 12 1980	25h. RESISTRA	AR'S SIGNATURE

Self-fine for the first self-fine to the KARMON DAY Westington, DC . T. Commentent venue, I.V. id The second of the sec The state of the same of the s San Santage Co. Lander C. L. 1911 For a Vision S. C. Made and J. Santage Leaving Land and Co. L. Co. FOR

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STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR - STATE

DHMH-16 30M 2/80 (VRA 15, 4)

REGISTRAR

HOME 130 2800 CHESTERFIELD PLACE, N. W. MIDDLE CHAIKEN ADDRESS MRS. NORA SWEDARSKY, same as #13 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 1(6) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE saw the deceased alive on December 13 19 80, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF KING DAVID MEMORIAL GARDEN ON TOWFALLS CHURCH. VIRGINIA BURTAL 12/14/1980

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

REG. NO

26 HOUR

126. KIND OF BUSINESS OR

IF UNDER 24 HRS

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(VRA 15, 4) 1/79

STATE OF MARYLAND

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FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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						KEG, NC	1.		
	CEASED NAME FIRST	MIDDLE		LAS		20. DATE OF DEATH		DAY YEAR	26 HOUR
	Frederi	.ck Leo	nard	JA	CKSON	December	15	1980	6:05A
3. SE	X	4 RACE	5.	DATE OF		6. AGE (IN YEARS LAST BIRTI	IOAY)	IF UNGER ! YEAR	IF UNDER 24 HRS
	Male	Caucasian		May	24 DAY 1924	56	YRS	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8		X NEVER MARRIED	9. BALTIMORE CITY OF	COUNT	Y OF DEATH	Value of the
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10 C	ITY OR TOWN OF DEATH				OTHER INSTITUTION	120 USUAL OCCUPATIO			FBUSINESSOR
	ethesda	National			1 Center	U. S. Nav	y	INDUSTRY Mil:	itary
13a S	AL RESIDENCE (IF NURSING HOME OF	other institution give re			36 INSIDE CITY LIMITS?	3184 Plyer	o Mi	11 Pond	
		regomery ke	nsingtor				S MI	II Koad	
14. FA	THER'S NAME FIRST Harry	Joseph	Jackson	'	Maude	AE MIDDLE	н	iggins LAS	t
lán V	VAS DECEASED EVER IN U.S. AR		OCIAL SECURITY	NO 1	7 INFORMANT	ADDRES		IRRIUS	
		E WAR OR OATES	2 18 516		Agathe J. Jac		27-1-1	13	
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MED	21d INJURY OCCURRED WHILE NOT WHILE	216. PLACE OF IN.			TII. LOCATION STREET	CITY OR TOW	IN	COUNTY	STATE
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	22a.1 certify that (I) (this hospi sow the deceased alive on above, (V (we) (did) (didha	Dec. 15	osed from 80	ec.	that in (my) (our) opinion d	, to	te and ha		that (V (we) last couses stated
	oboye, (V (we) (did) (d/d/hd	t) view the body offer o	deoth.	DE	GREE			22c DATE	SIGNED
	And U de	telero			ATTENDING PHYSICIAN	MEDICAL STAF	AN IX	Dec.1	15,1980
	JOHN A FE	etchero	18.		National Nav			er, Beth	nesda,Md
	BURIAL, CREMATION, REMOVAL		23c. NAM		METERY OR CREMATORY n Cemetery	23d. LOCATION	- W	COUNTY	- MA STATE

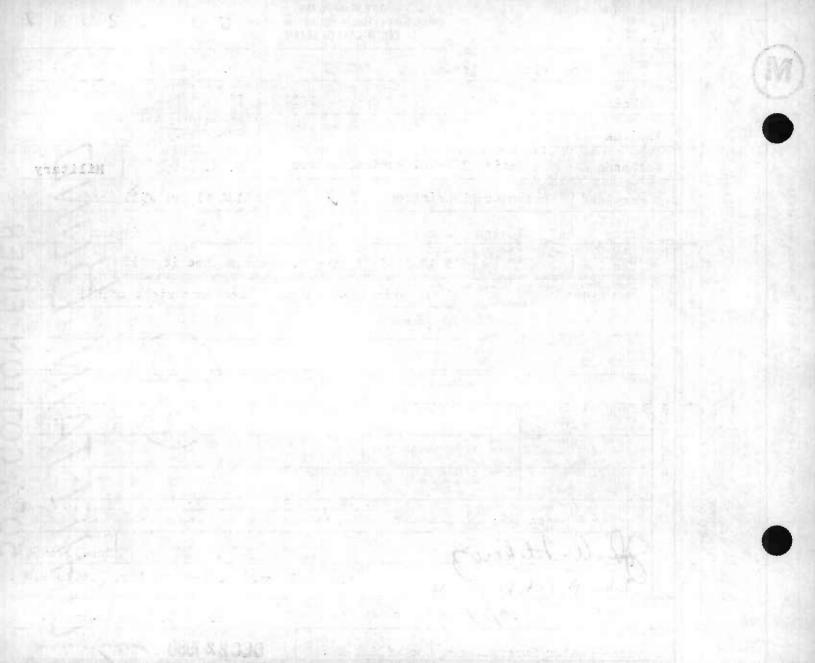
DHMH-16 30M 2/80 (VRA 15, 4)

hould be detoched for use as the burial-transit permit. Then please remove c with the State Dept. of Health and Mental Hygiene prior to burial, cremation, morked or Hem 18 shows ony

MPORTANT: If Item 21 is

24 FUNERAL DIRECTOR

Tyson-Wheeler Funeral Home Rockville, Md.



STATE OF MARYLAND

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3 /3/21	STATE OF MARYLAND FOR STATE STATE REGISTRAR STATE CERTIFICATE OF DEATH STATE REG. NO. STATE OF MARYLAND MARIE IREND STATE REG. NO.	2
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Bonk R	BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 79. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED 19. MONTGOMELY	MD.
offer of the full	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUS (IF NOT IN SUCH FACILITY, GIVES IRREE ADDRESS) (TYPE OF WORK FOR MOST OF WORKING US) INDUSTRY RESTAULANT WOLKER FOOD	
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e be execut cion ond agers. Poges 1	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OF UNKNOWN) (IF YES, GIVE WAR OR DATES) OCTAVE JEAN-BAPTISTE - 7777 MAPLE	E AVE
201 W. PRESTON ST., es that the death certific ned by the attending phyplease remove carbon prior, cremotion, or removial, cremotion, or removed of the state of	APPROXIMATE PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
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TO HOSPITAL TO FUNERAL Should be deter with the Store	JOHN KNOAK, M.D 344 University Blid. W. Delmi Dynny	ml
/80BPB	BURIAL CREMATION, REMOVAL 236 DATE 234, NAME OF CEMETERY OR CREMATORY 2334. LOCATION COUNTY Surial S	ml
DHMH-16 30M 2/80 (VRA 15, 4)	FUNERAL DIRECTOR A RIMAR TUNING HOME OF GLOVESS 254 CUNICIDIAN C	7

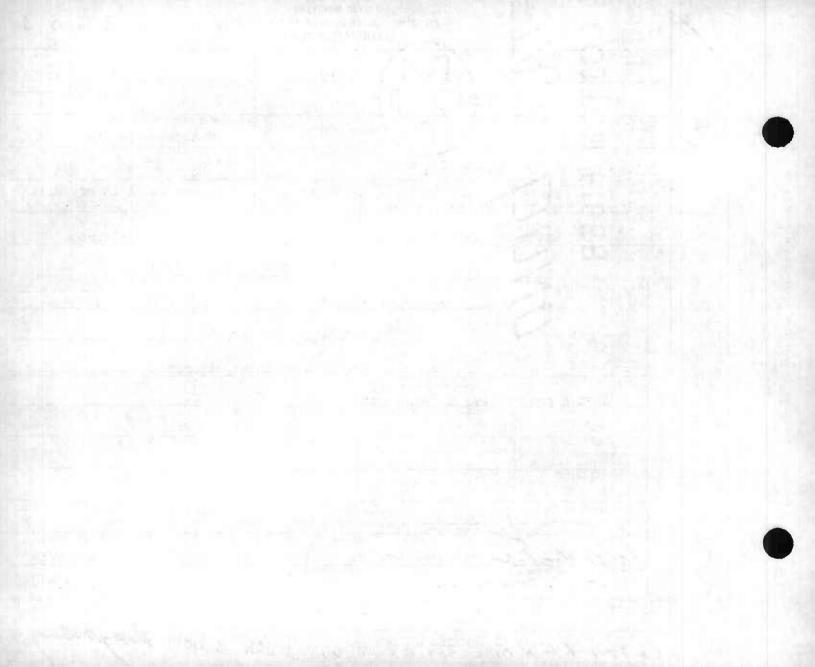
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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1331 Rockville Pike RockWille, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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DHMH-16 30M 2/80

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DHMH-16 30M 2/80 (VRA 15, 4)

FOR - STATE

REGISTRAR

		CEASED NAME	FIRST	7	WIDDLE		TZA	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	
7	(TYPE	OR PRINT)	DEL	UEY T		J	ONES, Sr.		12 23	80	95	A-M
	3. SEX			4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UN	HS DATS	IF UNDER 2	MIN.
		Male		White		Maj	7,1898	82	YRS.	HS DATS	HOURS	MIN.
1		RTHPLACE (STATE OR F		76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH		
5		lymouth , I		USA		WIDOWE	D DIVORCED	mor	nti			MD.
70	10 CI	Wheaton	ATH	LIE NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET A REPORT NURSI	nnpessi	OR OTHER INSTITUTION	IZB USUAL OCCUPATE ITYPE OF WORK FOR MOST O Ret. Forei	F WORKING LIFE)	26 KIND O	Den'	t
1	13a S	AL RESIDENCE (IF NURS	136 COU	ROTHER INSTITUTION.	GIVE RESIDENCE BEFORE		1 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS				
C		Md.	Mon	tgomery	Silver		YES NO [3213 SO Tet	Wor	ld B	Lvd.	
1	14. FA	THER'S NAME		WIDDLE	SAST		13. MOTHER'S MAIDEN NA/	ME		LAS	T	
DE.		Thomas			Jones	1	Grace		Rola	nds		
1		VAS DECEASED EVER (ES, NO OR UNKNOWN)	HEYES, GI	E WAR OR DATES)	166 SOCIAL SECUI	RITY NO.	17 INFORMANT Sil	ver Sp. Md.	/ 20906			
1		les	U.:	S. Army	225-05-	0709	A Theo K. Jon	es-wife 321	gleisur	e Bla	rd	
		18 CAUSE OF DEATH PART I. DEATH W			line far (a), (b), and	f (c).)					MATE INTERV	EATH
		11200		TE CAUSE (a)	Emply	sen	, 2			15	day	01
31	av	4087		DUE TO, OI	R AS A CONSEQUE	NCE OF	lure					
	m	Conditions, if ony,	which	(b)	Heart	72,	lure					
		couse (o), statin	g the	DUE TO, OF	R AS A CONSEQUE	NCE OF						
				(lc)								
	NO	PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART 116	1.	
0	ATIO	190. DATE OF OPERAT	TION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	FRE FINDIN	GS LISED	
A	CERTIFICAT	The Date of Orelland		178 COND	nort or milet	OFERANO	TO TENTONINED		IN CERTIFYING		OF DEATH	
6	ERT	210 ACCIDENT WAS UND	DERLYING [7 21b. TIME O	F INJURY		21c. HOW INJURY OCCURE	YES NO		OR PART 2)	NO [
7		OR CONTRIBUTING			M. MONTH DA			(cities in an analysis				
	MEDICAL	(IF EITHER NOTIFY MEDIC		21e PLACE C		19	211. LOCATION					
	ME	WHILE NOT WH	ILE 🗌	(AT HOME, STR	EET, FACTORY, OFFICE, FA	RM, ETC)	STREET	CITY OR TO	WN	COUNTY	STA	ATE
		220-1 certify that (1)		ital) ottended the	e deceased from	12	-11- 19 80		- 23 19 1	20	that Diwe	a last
		saw the decease	ed alive an	12 - 7	2/ 19 8	or, or	nd that in (my) (our) opinion o	death occurred on the do	ate and haur and			
		obove, (I) (we) (c 22b. SIGNATI III	aia) (did bo	of view the body	offer death.		DEGREE			22c. DATE	SIGNED	
		111	1201	tato		M.D	ATTENDING PHYSICIAN D	MEDICAL STAF		12-	23-8	0
1		224. PHYSICIAN'S NA	AME (TYPE C	per per j			22e ADDRESS 370		noor t	3/00	1	
1		ALBERT	Ro	TSZTAI	N,M.D		Silver Sp	ring, M	4 -	906		
		urial, CREMATION,	REMOVAL	23b. DATE 12-24	80		EMETERY OR CREMATORY	254 LOCATION CITY OR TOWN	W1 0069	UNITY	STA	ATE
		INERAL DIRECTOR		12 2	L	ee's	Crematory	Suitland	, MOL 200	102/	0	-1
			Home	300-4th	St. TPREE	Wash	.D.C. 20002	PACT A KITABUK	ZODAREGISTRAR	BOKINAN	BREGO	
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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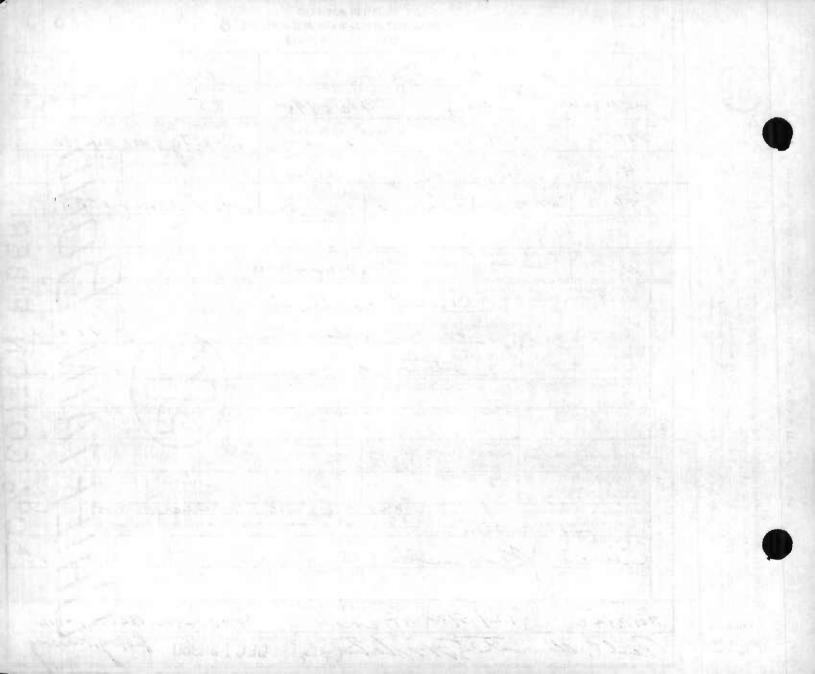
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST MIDDLE 2ª DATE OF DEATH MONTH I DECEASED NAME (TYPE OR PRINT) JONES JAMES VERNON 4 RACE 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX MONTH QAY5 **HOURS** MALE WHITE 17, 1922 Nov. III. BIRTHPLACE ISTATE OF FOREIGN IN CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED COUNTRY Montgomery H.S.A. Virginia WIDOWED DIVORCED [I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h. KIND OF BUSINESS OR Washington Adventist Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Takoma Park Electrician Naval Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)
136 STATE
137. COUNTY
138. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS Prince Geo. 8144 15th Avenue Maryland Hvattsville 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE FIRST Alice Ketchum Jones James ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) IF YES, GIVE WAR OR DATES) Same as #13 577 20 1994 Angela Jones (Wife) Yes APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line fould), (b), and ic). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) fostatic carcinome week Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 190 DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO X YES T NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 220 I certify that (1) this haspital) attended the deceased fram. 19 50 _, and that in (my) aur) apinion death occurred on the date and hour and from the causes stated saw the receased alive on 22 abave (like) (did) faid not) when the body after death. 22c. DATE SIGNED 226 SIGNATURE DEGREE un ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNER, ld be shoul 23e BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY Brentwood P.G. Burial 12/16/80 Ft. Lincoln Cemetery Md. MCD BY BOOK AR PS REGISTRAL SSIGNATURE Francis Gasch's Sons Funeral Mome. P.A. DHMH-16 25M (VRA 15, 4) 1/79 Hvattsville, Maryland

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DHMH-16 30M 2/B0 (VRA 15, 4)

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	{TYPE		FIRST	B.	JONE	J 6-7	20 DATE OF DEATH	1/80		B F
	3. SE)	FEMALE	-	LAUC,	5 DATE C	2 5 / 95	6. AGE (IN YEARS LAST BIR	YRS	ONIHS DAYS	HOU
35		RTHPLACE (STATE OR	1119	76. CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DED DIVORCED	MONTO	COUNTY O		72
08		4.3		11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET HOLD & COS	ADDRESS)	LOSDITAL	120. USUAL OCCUPAN		126. KIND OF E	BUS
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50	14 FA	ATHER'S NAME FIRST	7"	MIDDLE LAST		15. MOTHER'S MAIDEN NA.			LAST	
1		VAS DECEASED EVER		MED FORCES? 166 SOCIAL SECU	URITY NO.	DAUGHTE	ADDR	E55		
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Q	ICATION	gove rise to im couse (0), statu underlying cause	mediate ng the e lost NIFICANI C	(b) Ceutre Due to, or as a conseque (c) Arteria ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES,	WERE FINDING	
9	AL CERTIFICATION	gove rise to im couse (o), stating underlying cause PART 2. OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNIOR CONTRIBUTING	mediate ng the e lost NIFICANT CO TION DERIVING CAUSE OF DEAI	ONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT H OPERATIO	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING	FC
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3

/	1.	FOR - STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	IENE 8 0	3 2	6 1
?		CEASED NAME FIRST E OR PRINT) FROM	MIDDLE E.	Je	PROPER		12/31/80	2b. HOUR
	3. SE		4 RACE white	S. DATE C		6. AGE (IN YEARS LAST BIRTHD.	YRS. IF UNDER 1 YE	
97		ERMANY	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Mentgone	COUNTY OF DEATH) to, MD.
170	B	Etheson	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	ADDRESS	SkitA	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WITH HOMEMAKE T	ORKING LIFE) 12b. KIND INDUSTR	OF BUSINESS OR
35	13a.	ARYLAND 13 KOU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE THE ROCK TO THE ROCK TO THE ROTH		13d INSIDE CITY LIMITS? YES NO	138. STREET ADDRESS 855 AZALEA	DRIVE	
51		ATHER'S NAME KARL	SEIDLER SEIDLER		LÜİSE	MIDDLE	von s	ICK
e medico	- 1	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN)	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 522-52-		MARGRET L.	SHIPLEY (SAME	AS 13E)	OXIMATE INTERVAL IN ONSET AND DEATH
ws any injury, ar other traumatic eve	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	nly ane cause per line far (a), (b), a ED BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	UENCE OF	ailme	20a AUTOPSY? 20	Ob. IF YES, WERE FINE N CERTIFYING CAUS	DINGS USED ES OF DEATH?
is marked or Item 18 shows		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	DAY YEAR	21¢ HOW INJURY OCCURR	YES NO PORTON INJURY IN	YES	NO []
rkedor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE	FARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
21		sow the deceased alive on abave, (I) (we) (did) (did no	attended the deceased from 12 - 31 19 11) view the bady after death.	90 , ar	nd that in (my) aur opinian		and haur and from t	_, that (I) @ lost he causes stated
LT: # hen		226. SIGNATURE WS	wolfly in s		ATTENDING PHYSICIAN	L. Bentolila MEDICAL STAFF DIRECTOR PHYSICIAN	_ 11	TE SIGNED
MPORTANT: # Hem		James Bi	rodsky m D		4701 Wille	ard Ave,	Chery	Chase
4		BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION	1701	NAME OF C	EMETERY OF CREMATORY LITAN CREMATO	I ALEXANDRIA	A FAIRFAX	VIRGÍÑIA
0		UNERAL DIRECTOR ROBER OO W. MONTGOMERY	AVE., ROCKVILLE	UNERAL ,MD. 2	HOMES PASSIBLE DATE	E REC'D. BY REGISTRAR 256	R ISTRAR'S SION	Cready

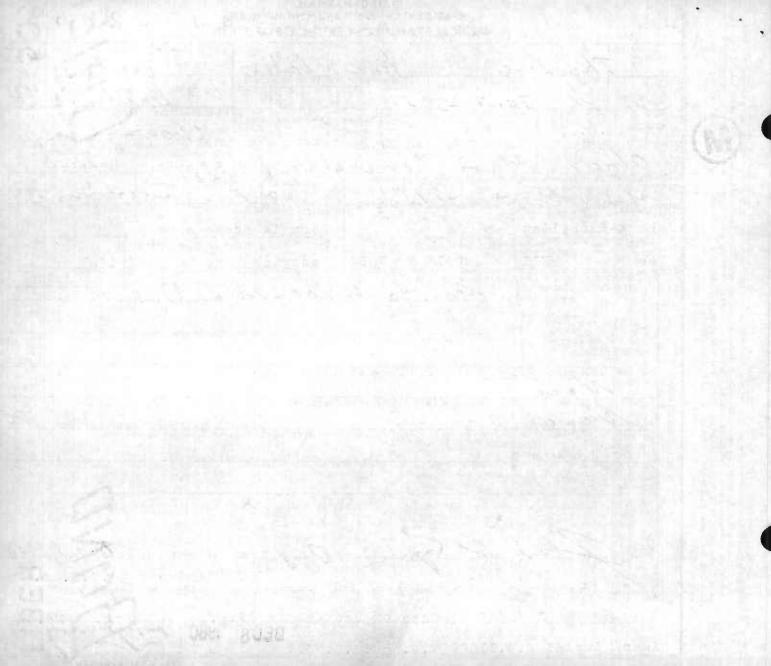
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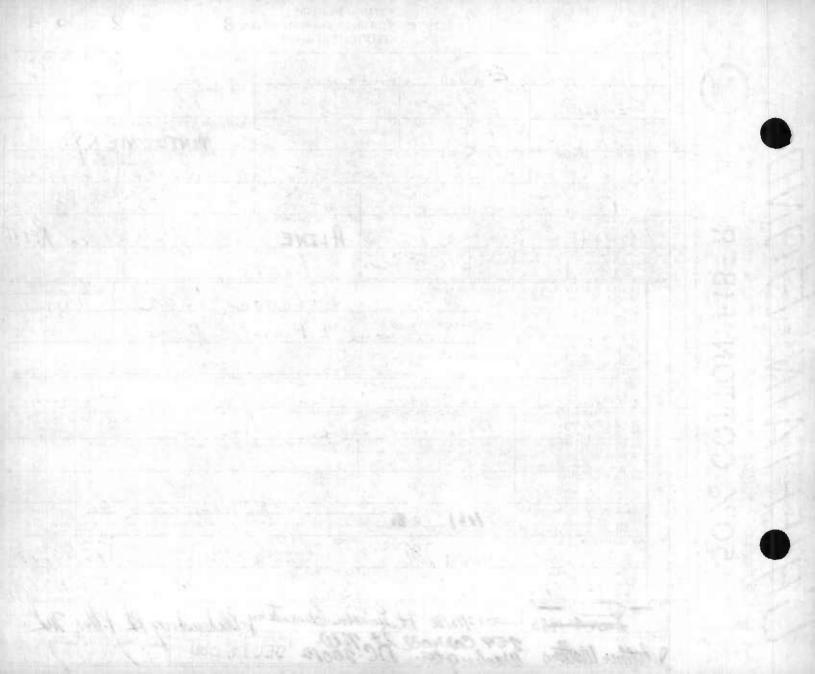
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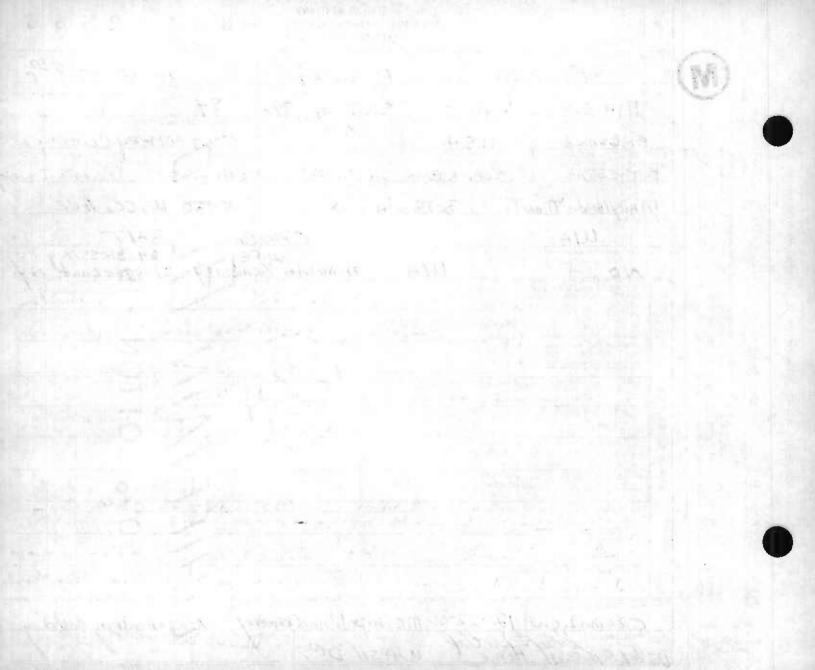
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED IF UNDER 24 HRS SEX DATE YEAR LAST RIPLHDAY PRONOUNCED Nov. 16,1921 59 YRS DEAD 9. BALTIMORE CIT TO BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED Wash.D.C. USA DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Retired 15. MOTHER'S MAIDEN NAME John Karambellas Georgia Economakos 17. INFORMANT 166. SOCIAL SECURITY NO. Same as above 578 20 7866 Yes WWII Beatrice Karambellas (Wife) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? YES [] BUR 21h. TIME OF IN IURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (ATHOME, 11. LOCATION 2 Td INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK and in my opinion 220. I certify that I took charge of the remains described above, held on Autopsy Suicide Hamicide Undetermined manner death resulted from: Natural causes TITLE (SPECIFY) DATE BCC. 1, 1980 ACTUAL MEDICAL EXAMINER John Rogers 1919 Seminary Rd.S.S.Md. ADDRESS 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE Buria1 12/5/80 Heaven Gate of BP Mont **DHMH-17** (VR A15 ME (5)) Hines/Rinaldi F.H.11800 N.H.Ave.S.S.Md. 15M 7/76



6		1 -	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 3	2564
(W)			ne E. Roed	S. DATE OF BIRTH MODITY 22 33	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR MINING THE UNDER 1 YEAR 15 UNDER 24 HRS. MONTHS DAYS HOURS MIN.
er death. Pag	within 72 hou led at once.	70. BII	RTHPLACE STATE OR FOREIGN OF STATE OR FOREIGN OF STATE OR FOREIGN TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY? US 11. NAME OF HOSPITAL, NURSIN	MARRIED NEVER MARRIED WIDOWED DIVORCED GHOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	MERY MD
LAND 21201 hin 24 hours off	should be filed in by the	13a. S	LI RESIDENCE (IF NURSING HOME O TATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY	ADMISSION)	130. STREET ADDRESS 3 SU	BLOOD BONK
BALTIMORE, MARY	Poges 1 and 2	, /	LOTHMAYER VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECULIVE WAR OR DATES) 213-38.	Pered ALINE	ADDRESS ADDRESS	Meyer REED.
1 W. PRESTON ST., hot the deoth certific	d by the attending physicis lease remove corbanpopers rol, cremotion, or removol.		PART I. DEATH WAS CAUS	only one couse per line for (a), (b), one ED BY: ATE CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	tatic Metaly NOMA 1 Pari	oma Luxas etal Area	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DF VITAL RECORDS, 20 LIAN: The low requires to physicion.	icate has been signe ronsit permit. Then p Hygiene prior to bur 18 shows ony injury, i	AL CERTIFICATION	PART 2 OTHER SIGNIFICANT PARPLEGIC 190. DATE OF OPERATION 5/8/80 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	1 12 EAL CONDITION FOR WHICH Melonom 1 21b. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED A SCALA Y YEAR 216. HOW INJURY OCCU	YES NO NO	MCLANOUL, ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\) NO \(\)
DIVISION OF TENDING PHYSICIA	TOR: After this certif for use as the burial-to of Health and Mental 21 is marked or Item	MEDICAL	sow the deceased alive as	21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, F pitol) ottended the decrosed from	19.5 6	CITY OR TOWN 10 12/16 1 death occurred on the date and ha	COUNTY STATE 19 BD , that (I) (we) lost our and from the couses stated
OSPITAL OR AT	ERAL DIREC e detoched State Dept. ANT: If Hem		obove, (I) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME ITYPE	OR PRINT	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	12/17/80 SS //2/17/80
0 000 BP	2 30W 5/80	24 FL	INERAL DIRECTOR	9 USON MI) 23b. DATE 23b. DATE 23d. 23d. 23d. 23d. 23d. 23d. 23d. 23d.			L. P. Her. 710



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MITTIN	e be	the m		NO		1 4/1	4	MINRIHA P	EARSIEY	Slin	GERLANA APPROXIMA	S /Y-Y-
	physicion popers.	event, 1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY:		dia c	arres	<i>st</i> .		BETWEEN ONS	ET AND DEATH
N ST.,	ding orbor			1111/1	E CAUSE (o)	OR AS A CONSEC	LIENCE OF			•		
ESTO	the death	froumotic		Conditions, if any, which	((b)_		40 men	arrete	riosclev	0217,	10-08	n.2.
W. PRESTON	the the remo	other tr		gove rise to immediate cause (a), stoting the	DUE TO, C	OR AS A CONSEC	DUENCE OF					
201 V	ed by please rrial, c	or of		underlying couse lost.	(c)_							
05, 2	signe signe hen p	lury,	Z	PART 2. OTHER SIGNIFICANT O	CONDITIONS	CONTRIBUTING	O DEATH BUT		WINAL DISEASE OR C		VEN IN PART I a	
Ö	0 0-	ony in	ATIC	190 DATE OF OPERATION	196 CONE	-	CH OPERATION	I WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDINGS	USED
DIVISION OF VITAL RECORDS,	he lo hos hos ene	Shows	CERTIFICATION						YES NO		FYING CAUSES OF	DEATH?
N N	ZYSOL	80	-	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		OF INJURY	DAY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PART 2}	
Ö		E e	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P	P.M.	19					7 0 5
ISIO	1 6 6 -	ed or	MED	21d INJURY OCCURRED WHILE NOT WHILE		OF INJURY	E FARM, ETC)	21f LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
N N	Afte of the	morked		220.1 certify that (I) (this hospit	tal) attended t	he deceased from	. 544 00	10 7 5	10.12	* 1	10 343 tha	t (I) (www.last
	TE TE	21 is		sow the deceosed olive an abave, (I) ((did) (d	12 - 2	2-1 19		that in (my) (opinion			, , , , , , , , , , , , , , , , , , , ,	
311	OR AT he hosp DIRECT oched for Dept. o	#e =		22b. SIGNATURE	T VIEW THE DOO	y uner deam.		EGREE	AT	PHE 7	22t. DATE SIC	NED
	PITAL C by the ERAL D e deto Stote D	±		for for	1 and	\~	~		MEDICAL DIRECTOR PH	STAFF YSICIAN [15-3	5-80
	HOSPITAL ined by the FUNERAL old be deth	RIAN		27d. PHYSICIAN'S NAME (TYPE O	-	\		22e ADDRESS	2 mas co	N a	in B	there.
-	retained TO FUNI should be with the	IMPO	21	NOUN +	_	e colore						
56	BP			URIAL CREMATION, REMOVAL	12 -	22-80	neTpe 1	METERY OR CREMATORY	STE LOCATION	Lyan	doint 1	LATAR
	DHMH-16 30M 2/8	0	74.FI	NERAL DIRECTOR	20	11.0	II E I KO	75a DA	IFOCOL BY REGILD	MINIST HEOMS	HAR'S SIGNATURE	Mode
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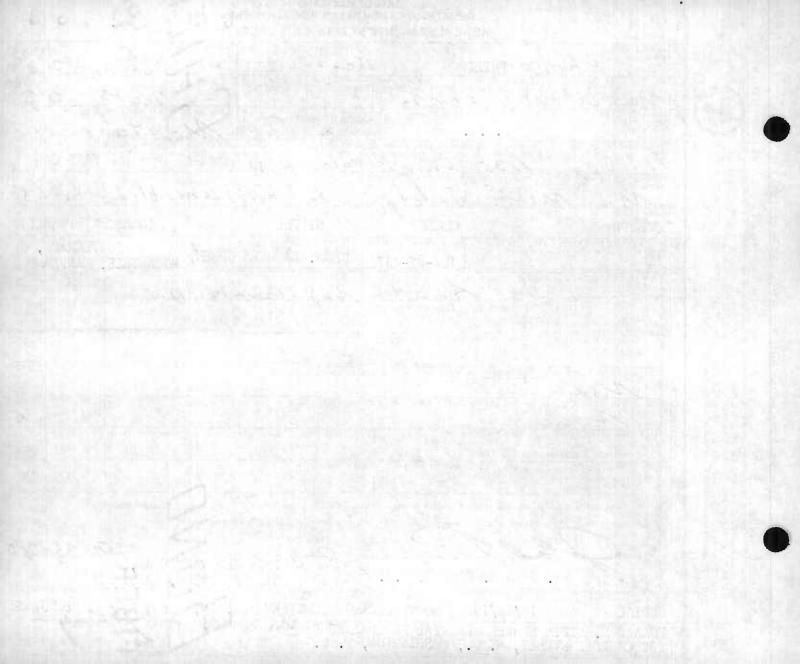


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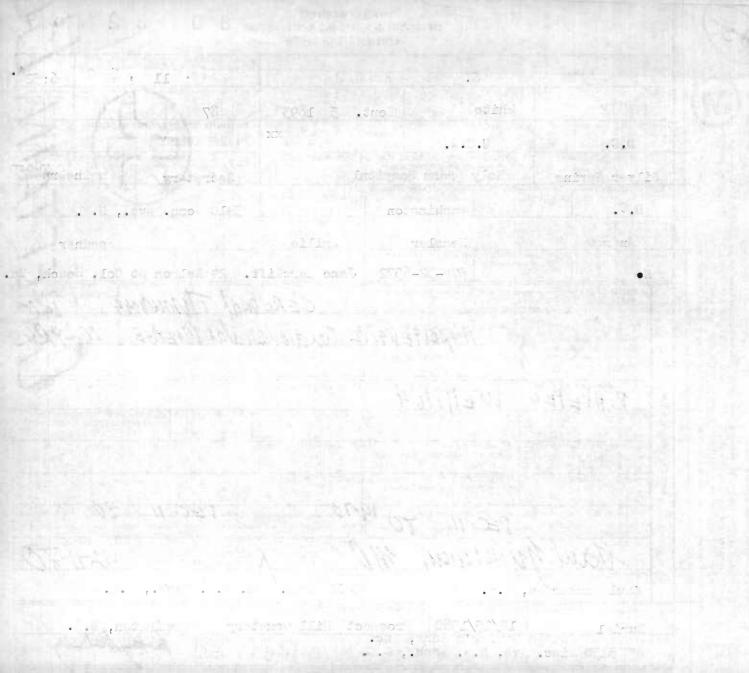
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oth. Pag	BIRTHPLACE (STATE OR FOREIGN) 16 CITIZEN OF WHAT COUNTRY? 8 MA	RRIED NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY MONTGOMERY	OF DEATH MD.
s ofter do	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HO BETHES DA NATIONAL NAVAL		120 USUAL OCCUPATION LIVE OF WORKING LIF R HOUSE WIFE	126 KIND OF BUSINESS OR
124 hour	SUAL RESIDENCE (IF NURS 10 OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS STATE 131. CITY OR TOWN VIRGINIA FAIRFAX MCLEAN	YES 1 NO X	13e. STREET ADDRESS 1142 DALEVIEW	DR
and 2 a	BERTRAM (NONE) GROESBECK	LENORE	WIDDIE	ELLÍÖTT
be execu-	WAS DECEASED EVER IN U.S. ARMED FORCES? III SOCIAL SECURITY NO SUNKNOWN) (IF YES, GIVE WAR OR DATES) 550-70-850		LINTIC 1142 D	EFEQNERA .
e deoth certificate e ottending physics move cor fini paper froumdic event	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE (c) Conditions, if any, which gove rise to immediate	1 CArcinom	a	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
squires that the displaying the of Then please remonitory or other transitional injury, or other	couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH		NAL DISEASE OR CONDITION GIV	EN IN PART 1101
os beer ne prior ne prior	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPER 210. ACCIDENT WAS UNDERLYING 216, TIME OF INJURY	ATION WAS PERFORMED	200 AUTOPSY? 20b, IF YES IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\begin{array}{cccccccccccccccccccccccccccccccccccc
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DING PHYSICIA or ottending p After this certif se os the buriol-t oith and Mental marked ar Item	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE ALWORK ALWORK ALWORK	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Z - 25 - 2	270.1 certify that \$\(\pi\) (this haspital) attended the deceased from \$\(\pi\) sow the deceased alive on \$\(\pi\) (\$\(\pi\) (we) yiew the body alter death.	, and that in (pa) (our) opinion o	to DEC D6, leath occurred on the date and hou	
OR he he hordered to DIRE	THE PHYSICIAN'S NAME ITYPE OF PRINT!	DEGREE ATTENDING PHYSICIAN 21% ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	6 Dec 80
O HOSi	John A. Fetchero Si	2 18905 Mil		aithers burg and
BP		s Crematory	23d LOCATION CITY OR TOWN Washingto	n D C
	NAME ADDRESS ADDRESS	esburg Pike 250. D.	ED BY RECORD 1 25b. R	The sylvine by

CO 2 5 5 - 11 6 TO STREET STREET Cramation 12-1-13 Leals Cramatory DEC 14 Holl 1-15 Common D. C.

/		STATE OF MARYLAND
15		1- STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 3 2 5 6 8
4		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. DECRASED NAME FIRST MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
		(I've or Print) OF ESTI-
	2825E	Philip PHILIP (CV3 CV KERZER DEATH MATED Dec 13 1000 4 M
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	##### 50 M	D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF W.) FOR MOST OF WORKING LIFE) TAXI CAB
	PA P	
-	COETA 3	JSUAL RESIDENCE (IF A NICTION OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 136 COUNTY 136 CITY OR JOWN 130 INSIDE (ITY LIMITS? 138 STREET ADDRESS
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AD.	THE SALL	15. MOTHER'S NAME TOSEPH MIDDLE KERZER MIDDLE (UNASCERTAINABLE)
E, A	OC KIND PAND	3000111
WO	PAG S I S I S I S I S I S I S I S I S I S	60. WAS DECEASED EVER IN U.S. ARMED FORCES? (16 YES, NO OR UNKNOWN) (16 YES, GIVE WAR OR DATES) 100. SOCIAL SECURITY NO. 17 INFORMANT MRS. BARBARA COHEN, POCKUTLIE MARVIAND
ALTI	S AF GIVE ITH AGE VISIC	NO 124-07-4570 MRS. BANDARA COMEN, ROCKVILLE, MARYLAND
60	3 W 3 W	APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY:
N ST	ERA ERA ERA	IMMEDIATE CAUSE (a) Coute My 603 Va. 121 DIV
ESTON	AL.	Conditions if any, which
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DIVISION	RTIF IG TO SHO SHO OR TO	VINDERLY ING ON TRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
20	S CERTING RDED 1 RDED 1 E 3 SH E DEPA	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
19.3	WAI WAI THE	
	FOR: DR: D, 2	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion
	MIN TIFK BE ECT TH T	death resulted fram: Notural causes Accident , Suicide , Hamicide , Undetermined manner ,
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	THE THE ATH, WELL N	SIGNATURE SIGNACE. 13 1 100 1919 SEMINARY ROAD.
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30	101	BURIAL 12/26/1980 MOUNT LEBANON CEMETERY TSELIN, UNION, NEW JERSEY
2	BP/	24 DONALD M. STEIN HEBREW MEMORIAL FUNERAL HOME 25 DECRECE BY 1980 RAR DE RECISION & SIGNATURE
	DHMH - 17 (VR A15 ME (5))	232 CARROLL STREET, N. W., WASHINGTON, D. C.
	15M 7/76	232 CARROLL STREET, IV. W., W.

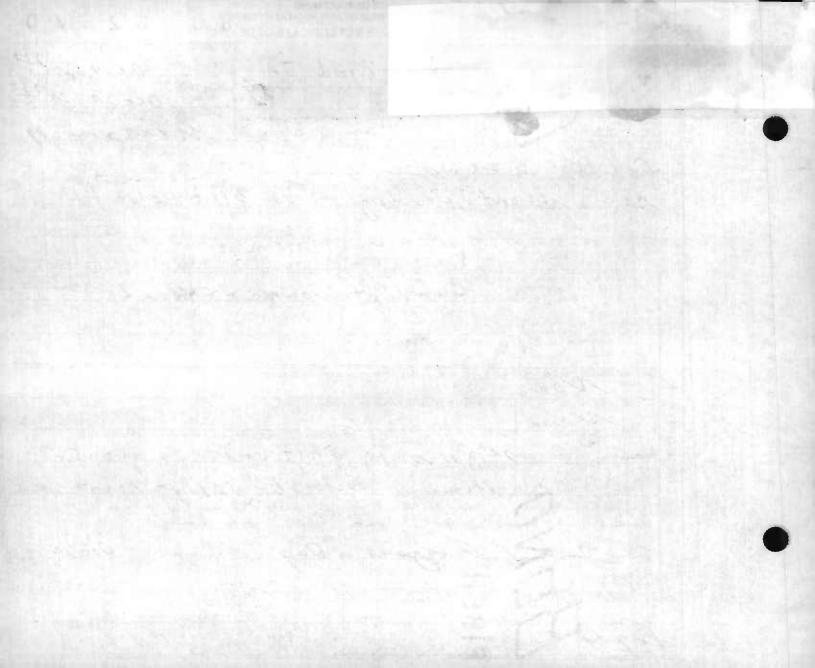


10/	1-	FOR STATE REGISTRAR		DEPARTN	STATE OF MA SENT OF HEALTH A CERTIFICATE (ND MENTAL HY	GIENE 8 0	3	2 5	6 9
<u> </u>		CEASED NAME FIRST		MIDDLE	LAST	7	2a. DATE OF DEATH	MONTH E	DAY YEAR	2b. HOUR
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME To DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED EUNDER 24 HRS 2c. DATE PRONOUNCED DEAD BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNT MARRIED NEVER MARRIED FOREIGN COUNTRY)
Georgia USA DIVORCED 10. CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Student School 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13n STATE YESXX XXX S MOTHER'S MAIDEN NAME 14 FATHER'S NAME XXX Gwatkin MIDDLE Elizabeth Williams xzmakkkkw Kidd Richard 166. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (mother) (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) no 260-74-7666 Elizabeth Gwatkin - (same as 13e) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Woward + + Head A IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES BURIAL NO 710 EXTERNAL CAUSE WAS 71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR MEDICAL ONTRIBUTING CAUSE OF DEAT II. LOCATION STREET FACTORY FARM FTC 1 NOT WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Suicide -Hamicide death resulted from: Natural causes Accident Undetermined monnel TITLE (SPECIFY) SIGNATUR John S. Rogers, DME Silver Spring, Maryland ADDRESS. Westhampton MEM. Prk Richmond 8434 Ga. Ave. **DHMH-17** (VR A15 ME (5)) Pumphrey Inc.Sil. Spr. Md.

15M 7/76



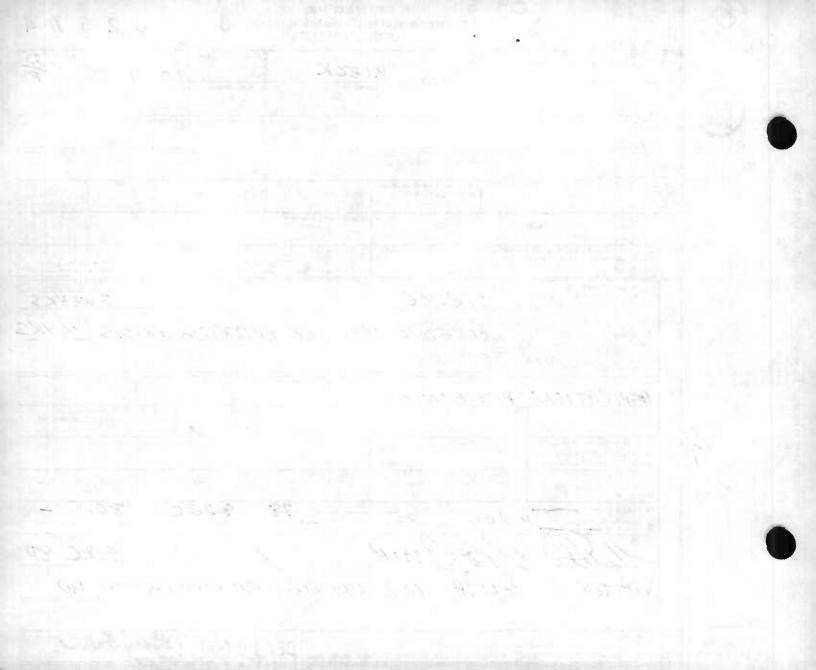
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-1:068 William Sanford King DEATH MATED Dec. 14,080 6 AGE (IN YEARS IF UNDER 1 YR. SEX IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY Montgomery U.S.A. WIDOWED [DIVORCED -Washington, D.C. B CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Montgomery General Hospital Olney Baker Bakerv JSUAL RESIDENCE (IF IN NURSING) 13d INSIDE CITY LIMITS? 113e. STREET ADDRESS NO T 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Gibbons Lee King Nettie 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 579-28-1239 (Wife) Same as Eleanor G. King Yes WWII APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (o) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION PERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES NO NO 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 218. PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE NOT WHILE AT WORK ond in my opinion 220 I certify that I took charge all the remains described above, held on death resulted from: Suicide Homicide Undetermined monner Notural causes TITLE (SPECIFY) SIGNATI MEDICAL EXAMINER MINER'S NAME Dr. John S. Rogers, M.D. 1919 Seminary Rd. Silver Spring, Md. PAGE TO FUI AFTER BALTIM ADDRESS. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE Cedar Hill Cemetery ry Suitland, P.G. Co. Maryland Burial 24 FUNERAL DIRECTOR **DHMH-17** VR A15 ME (5)} Chambers Funeral Home Riverdale, Maryland 15M 7/76

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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as the part with and war arked or	WED	21d INJURY OCCUR	VHILE [OF INJURY FREET, FACTORY		ARM, ETC)	STREET	43		CITY OR TO	WN	C	OUNTY	_	STATE
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hould be		D.	e, TYPEO	LEW.	15	17		22¢. ADDRESS	LIVE	4,	Ma	. 2	08	32		

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b, DATE

231. NAME OF CEMETERY OR CREMATORY Dec.13,1980 St. Anthony's

Emmitsburg Frederick Md.

DHMH - 16 50M 1/76 (VR A 15 (4))

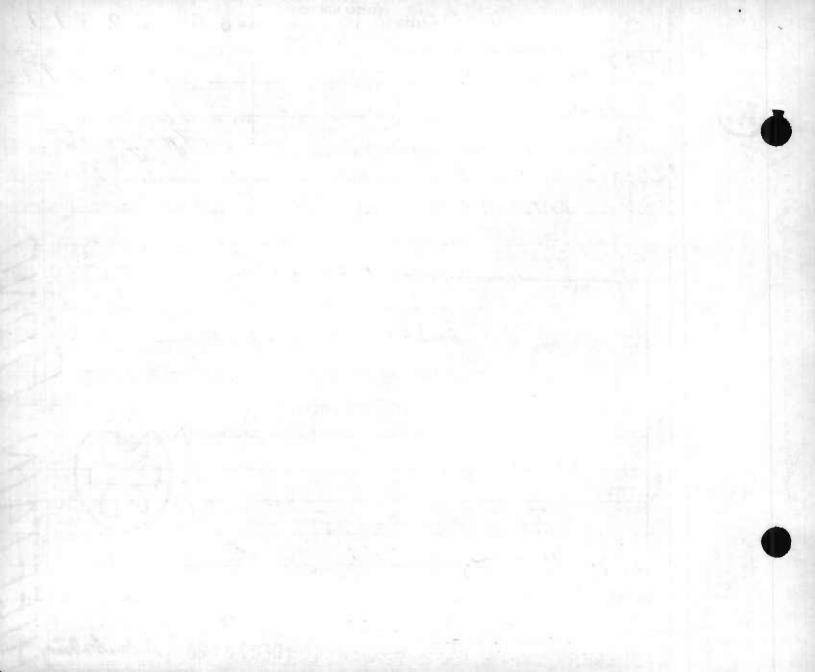
TO FUNERAL DIRECTOR: After this certificate has been

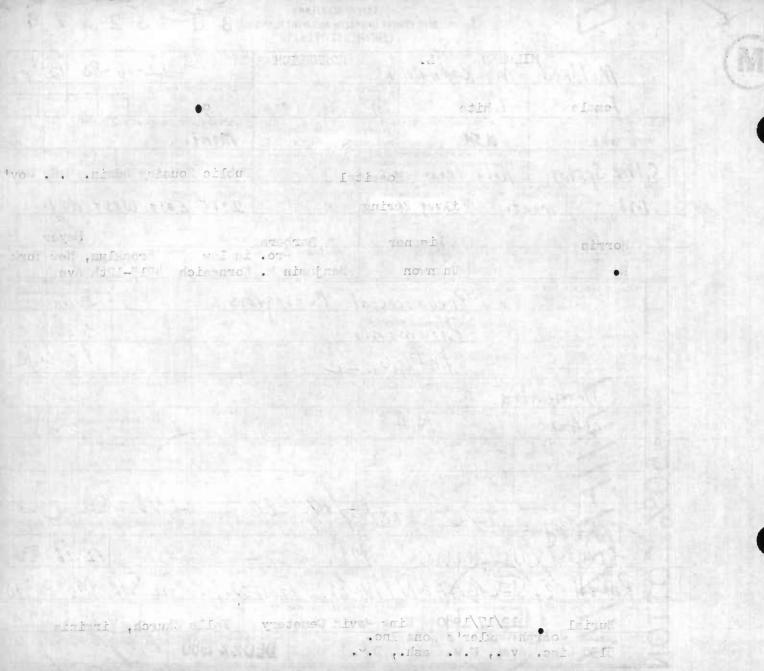
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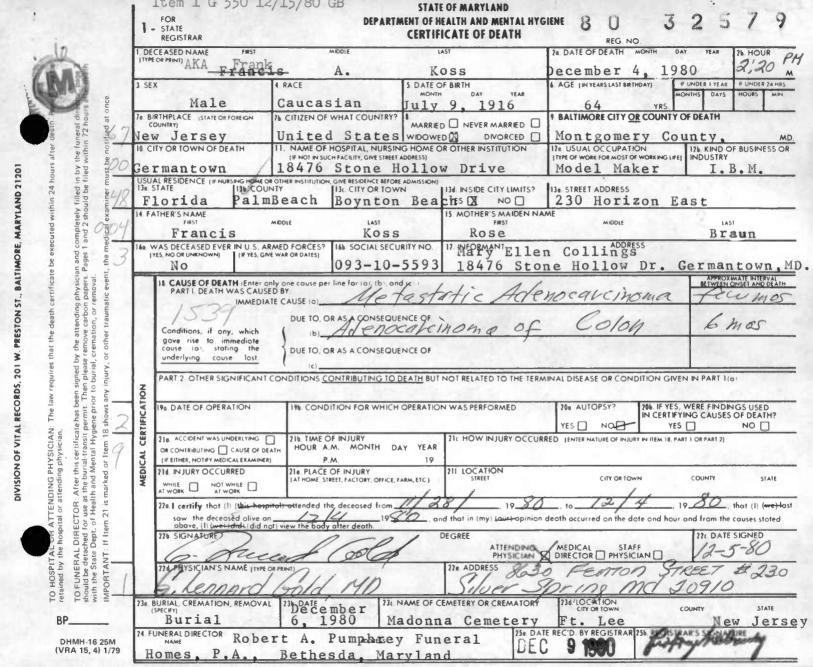
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70. B	IRTHPLACE STATE OR FOREIGN	L CITIZEN OF WHAT COL	- / -	10 00	9 BALTIMORE CI		OFDEATH	
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10.0	, - ,,	NAME OF HOSPITAL	-			STONE		MD.
6	" 4 5	(IF NOT IN SUCH FACILITY, GIV	E STREET ADORESS)	1/	(TYPE OF WORK FOR N			BUSINESSOR
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S	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES	S, WERE FINDING YING CAUSES C	GS USED OF DEATH?
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U	_	110110 4 11 11011	H DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE O	INJURY IN ITEM TB. P	'ART I OR PART 2)	
1 N	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19					
ă	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	FITN	NO TOWN	COLINITY	STATE
\$	WHILE NOT WHILE AT WORK	(AT HOME, SIREET, FACTORY,	OFFICE, FARM, ETC.)	SINCE	CHI	/	COUNTY	SIAIE
	220.1 certify that (I) (this hospital	al) attended the deceased	fram	1 19.7	8 10 12/	71	1980 11	nat (1) (we) last
1				that in (my) (our) ap	inian death accurred on t	he date and hau		
135	22b. SIGNATURE	view the bady after death		GREE			27c DATES	IGNED
	011.//	1	ans.	ATTENDIT	NG MEDICAL	STAFF		
-	224 PHYSIOLANI'S NI MAE ITYME OR	DOWNEY	7//-		AN LY DIRECTOR LI PE	IYSICIAN [_]		
	TO TO	rev()		Me ADDRESS				
_	Dr. IH. IK							
	SPECIFY)	23b. DATE			CITY OR TOWN		COUNTY	STATE
	Burial	Dec. 15, 1980		n				Md.
24 F	UNERAL DIRECTOR Franci	s J. Collins	RESS			RAR 25b. RESIST	RAR'S STANATU	RE
					DEC 1 6 1980			
	1. DEDICAL CERTIFICATION 1. DEDICAL CERTIFICATION 1. DEDICAL CERTIFICATION 1. DEDICAL CERTIFICATION 2.30 14 F/2 15 15 15 15 15 15 15 1	1 - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX FEMALE 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 110. CITY OR TOWN OF DEATH SILVER SPRING USUAL RESIDENCE (IF NURSING HOME OR C) 130. STATE USUAL RESIDENCE (IF NURSING HOME OR C) 130. STATE WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH Enter only PART 1. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C) 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH AT WORK 210. I Certify that (1) (the home or sow the deceased alive on above. (1) (ye) (didylated not 27b. SIGNATURE 22d. PHYSICIAN SNAME (TYPE OR DATE OF OPERATION, REMOVAL (SPECIFY) BWILLE 23a. BURIAL, CREMATION, REMOVAL BWILLE BWILLE BWILLE 3. SEX FEMALE FIRST FOR TORS 13b COUNT MONTO 11b COUNT 12b COUNT 12b COUNT 12c	REGISTRAR 1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) 3. SEX 4. RACE Temale 7a. BIRTHPLACE STATE OR FOREIGN COUNTRY 7b. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, 13b. COUNTY 13c. CITY OR WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR NAKNOWN) 18 CAUSE OF DEATH Enter only one cause per line for (o), PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 18 CAUSE OF DEATH Enter only one cause per line for (o), PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause io), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN OR CONTRIBUTING CAUSE OF DEATH AUGUST OF DEATH CONDITIONS CONTRIBUTIN 19a. DATE OF OPERATION 19b. CONDITION FOR 19c. CONDITION FOR 21d. INJURY OCCURRED WHILE AUGUST OF DEATH (I) (1bb-hospital) attended the deceased saw the deceased give an above, (1) (ye) (did Mid-abot) view the bady after death 22d. PHYSIGIAN'S NAME (TYPE OR PRINT) 12d. BURIAL, CREMATION, REMOVAL 23a. BURIAL, CREMATION, REMOVAL 23a. BURIAL, CREMATION, REMOVAL 23a. BURIAL, CREMATION, REMOVAL 23b. DATE PCC. 15, 1980	TO STATE REGISTRAR 1. DECEASED NAME FIRST MIDDLE 3. SEX 3. SEX 4. RACE 5. DATE OF MONTH 78. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 18. CITY OR TOWN OF DEATH 19. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR CHARLES (IN NO IN SUCH FACILITY, ONE STREET ADDRESS) 18. CITY OR TOWN OF DEATH 19. CITY OR TOWN MARYLAND MONTAGOMERY MONTAGOMERY 19. CITY OR TOWN 19. CITY OR TOWN MONTAGOMERY 19. CITY OR TOWN 19. CITY OR TOW	TOTAL STATE OF DEATH DECEASED NAME PROT J. SEX J. SEX J. RACE J. DATE OF BIRTH MONTH DAY VEAR J. DATE OF BIRTH J. DAY J. DATE OF BIRTH J. DAY J. DATE OF BIRTH J. DATE OF BIRTH J. DAY J. DATE J. DATE OF BIRTH J. DAY J. DATE J. DATE OF BIRTH J. DAY J. DATE J. DATE J. DATE OF BIRTH J. DAY J. DATE J. D	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRA DECASED NAME INCITATION IS AGE INCITATION IS BRITHPLACE, SIAM OF OPERAT IS AGE INCITATION IS BRITHPLACE, SIAM OF OPERAT IS AGE IS DATE OF BRITH MONTH IN MARKED IS DATE OF BRITH IN MARKED IN MONTH IN MARKED IN MONTHORE CI IS AGE (IN YEARDLA "HE AS AG	DEPARTMENT OF HEALTH AND MENTAL HYGENE 8 1. DECEASED NAME 1803 REGUND. 1. DECEASED NAME 1803 REGUND. 1. DECEASED NAME 1803 REGUND. 1. STATE OF PRINT REGUND. 1. STATE OF DEATH MORITH 1. STATE OF WILL STATE OF DEATH MORITH 1. STATE OF WILL STATE OF DEATH MORITH 1. STATE OF STATE OF DEATH MORITH 1. STATE OF STATE OF DEATH MORITH 1. STATE OF STATE OF COUNTY 1. STATE OF STATE OF COUNTY 1. STATE OF STAT	DEPARTMENT OF HEALTH AND MINITAL HYGENE 3 2 3 1. SEA STATE CONTRAR CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 1980 REGISTRAR REGISTRAR I. SEX I. SEX I. SEX I. BERTHPLACE STATE OF FOREION COUNTY OF DEATH II. NAME OF HOSPITAL NUTSTAND HONOR OF THE NUTSTAND HONOR O







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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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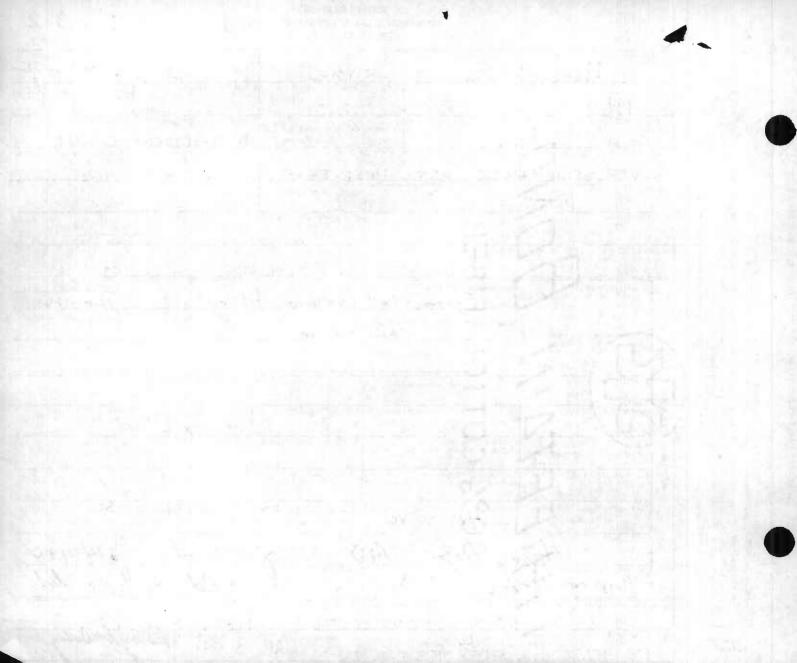
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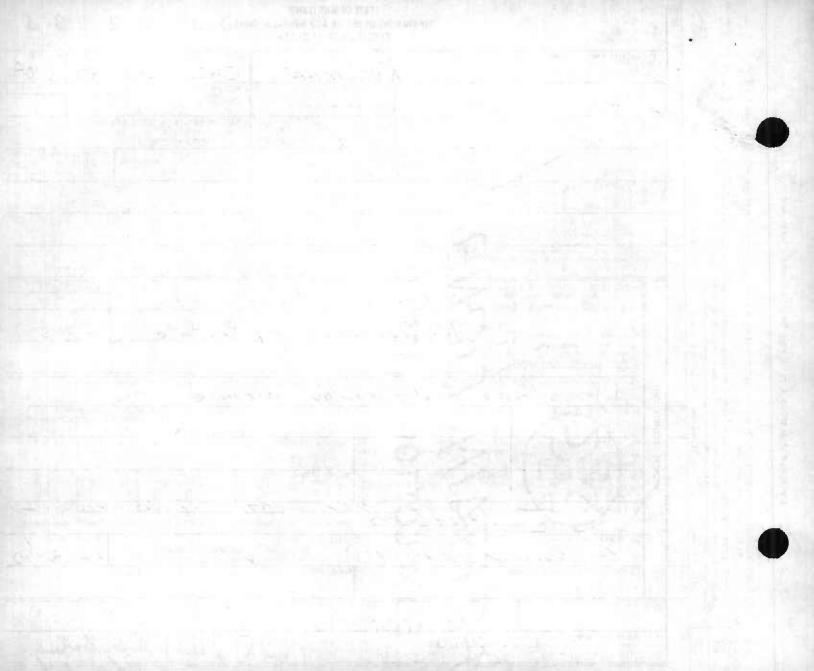
500 UNIV. BLVD. . W. . SILVER SPRING MD. 20901

(VRA 15, 4)

STATE OF MARYLAND



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	, 6.	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	REG. NO.	3 2	5 8 3
	0		CEASED NAME FIRST	٨	AIDDLE	11 1	AST	20. DATE OF DEATH MO	NTH DAY	YEAR 26 HOUR
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	W.	3. SE	X	4. RACE		5 DATE C	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDA	Y) IF UND	ER I YEAR IF UNDER 24 HRS DAYS HOURS MIN
	oge urs and ur		MALE	WHITE			7.1896	84	YRS.	
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	deoth hin 7		MARYLAND	U.S.	Α	WIDOW		MONTGOMER		MD.
	s ofter do by the fur aled withi		ITY OR TOWN OF DEATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		KIND OF BUSINESS OR DUSTRY
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MARY	mpletely fond 2 sha	1	FIRST	MIDDLE	LAST		FIRST	MIDDLE	Date for	LAST
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BALTIMORE,	x uo bo			IVE WAR OR DATES)	214-07-		PAUL KUHLN	MAN SAME AS	12	SON
ALTI	يه نين ف		18 CAUSE OF DEATH (Enter	anly one cours ner			I PAUL KUITEN	MAIN SAME AS	13	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
-	certificate k ng physicia bonpapers r removal.		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	Metas	Latie	· Aday	ocarcinoina		34KS
TS N			1850		R AS A CONSEQUE	NCE OF			730	
PRESTON	death contending of the corporation, or traumatic		Conditions, if any, which	(b)	Adenoc		noma of	: thostate		64rs
8			gove rise to immediate cause (a), stating the	DUE TO, OF	R AS A CONSEQUE	NCE OF	4			
201 W.	that the		underlying couse lost	(c)						
	gne bur	7	PART 2 OTHER SIGNIFICAN		1		/		ION GIVEN IN	PART 1(a)
DIVISION OF VITAL RECORDS,	requ	CERTIFICATION	Auteriosci	evotic	caudio	0		cuse.	1 15 VEC 11 15	
REC	4 6 6 9 9	FICA	190. DATE OF OPERATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		CERTIFYING	E FINDINGS USED CAUSES OF DEATH?
TAL	HYSICIAN: The Inding physician. Is certificate has burial-transit per Mental Hygiene or frem 18 shows		21g. ACCIDENT WAS UNDERLYING	21b. TIME O	F IN ILIRY		Tale HOW IN IURY OCCUR	YES NO.	YES	NO [
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	R ATTEN haspital RECTOR: hed for us ept. of He tem 21 is		saw the deceased alive obove, (I) (web) (did) (did)	on 2	19 19 19 19 19 19 19 19 19 19 19 19 19 1	80.0	nd that in (my) (our) opinion	death occurred an the date		
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	by the hos by the hos ERAL DIREC de detached State Dept.		6- den	went (Told,	M.	ATTENDING PHYSICIAN [MEDICAL STAFF	10	12/30/80
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I man	13	Female	Cauca	sian	bctob	er 8 ^{^y} 1912	68	MONTHS DAYS	HOURS
(IVII)		IRTHPLACE (STATE OR FOREIG		VHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
10	Ma	ryland	U.S.A		WIDOWE		Montgome	ry County,	
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dico	16a V	VAS DECEASED EVER IN U	J.S. ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR		
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AND UNKELLORS After miss certificate has deducted for use os the burdictransis per defacted for use os the burdictransis per siste Dept. of Health and Mental Hygiene (NT: if them 21 is marked or Item 18 shows		190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 21d. IN JURY OCCURRED WHIE NOT WHILE AT WORK AT WORK Sow the Decessed of obove (1) (this sow the Decessed of obove (1) I have) (did) 22d. PMYSICIAN'S NAME	ING 21b, TIME OF HOUR A.A. HOUR A.A. AMINER) 21e, PLACE C (AT HOME, STRI	TION FOR WHICH INJURY A. MONTH DA A. JE INJURY ET, FACTORY, OFFICE, F deceased from 19	OPERATIO AY YEAR 19 FARM, ETC.)	21c. HOW INJURY OCCURION 21f. LOCATION STREET d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22c. ADDRESS	YES NOTE NOTE NOTE NOTE CITY OR TOWN death accurred on the d MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, WERE FIND IN IN CERTIFYING CAUSES YES IRY IN ITEM 18, PART 1 OR PART 2) WN COUNTY Lote and hour and from the cause of the county of the cause of	hot bouses signed
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STATE OF MARYLAND

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IMPORTANT: If Hem 21 is morked or Hem

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-		STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	o	lin J	0 3
		CEASED NAME FIRST		IDDLE	,	AST		MONTH DAY		26 HOUR
		HENRI			LA	GRONE.		2 15	80	PhM
9	3. SEX		1. RACE		S. DATE O		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
		Female	White			ry 16 1934	46	YRS		
E	(OUNTRY	b. CITIZEN OF W	VHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY O			
O		shington, D. C.	USA		WIDOWE		MONTO	OMER		MD
Ü	-		(IF NOT IN SUCH	FACILITY, GIVE S		R OTHER INSTITUTION	12a USUAL OCCUPATI		126 KIND C	OF BUSINESS OR
_		ETHESDA /	SUBUR	BAN	HOSP	ITAL	Homemaker		Hor	ne
Ca	13a. S	AL RESIDENCE (IF NURSING HOME OR C TATE 136, COUN	TY	TIL CITY OR 1		13d. INSIDE CITY LIMITS?	4510 Aspen	,,,,,, p		
li sare		ryland Montg	omery	Rockv:	ille			HIII K	oad	
ed		THER'S NAME	NDDIE	LAST		15. MOTHER'S MAIDEN NAM Henrietta			LAS	at
Σ		Douglas		Richard					Unobta	ainable)
>		VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES?	16b. SOCIAL S	ECURITY NO.	(band) ADDRE			
put		No Non	e	578 4	4 3855	Robert LaGron	le - Same a	as 13 e		
ep		18 CAUSE OF DEATH (Enter and PART I, DEATH WAS CAUSED						REST	BETWEEN	MATE INTERVAL ONSET AND DEATH
0			CAUSE (a)	CAR	2010 CH	SNIE SHOC	2, K.	1000		
•		4100	DUE TO, OR		OUENCE OF	V = = = = = = ::			13	1100
1	-	Conditions, if any, which gove rise to immediate	(b)	ACUT	E	YOCARDIAL	LNFARE	TION	12	HRS.
8		couse (o), stating the underlying couse last.	DUE TO, OR	AS A CONSE	OUENCE OF	SIVE CARDI	O VASEULA	R DIS	5	YRS
_	-	PART 2 OTHER SIGNIFICANT CO	ONDITIONS COL						IN PART 10	(1)
ohn	NO	DIMBET		ELLIT		TO THE TENNI	THE BIOLAGE ON COIL	SINGIN GIVE	, , , , , , , , , , , , , , , , , , ,	
7	CERTIFICATION	19a DATE OF OPERATION	19h CONDIT	ION FOR WH	ICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V		
	TIFIC						YES NO	IN CERTIFYIN	NG CAUSES	NO [
D	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF		DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 ORPART 2)	
_	CAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M		19					
by	MEDICAL	21d. INJURY OCCURRED	214. PLACE O	F INJURY	ICE CAPM ETC.)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
eq	2	AT WORK AT WORK	(AT HOME, STREET	ET, FACTORT, OFF	TCE, FARM, ETC ;				4	
Se		22a.1 certify that (I) (this hospital		A .	om 12/	15/80 19		19		that (I) (we) lost
ea		sow the deceosed alive on above, (1) (we) (did) (did not	view the body o	ffer death	9, an	d that in (my) (apinian a	leath accurred an the de	ote and haur a	nd fram the	couses stated
-		22b. SIGNALLE	00		(DEGREE	Anne		22c. DATE	SIGNED
S G		acura	Alles	mercan	M.W.	· · · · · · · · · · · · · · · · · · ·	DIRECTOR PHYSIC		10	115/80
1	13	224 PHYSICIAN'S NAME (TYPE OF	Milita			27e. ADDRESS		0		10-90
		LAWRENCE	J	100m	45	11801 Ro	CKVILLE	Pixe		F
		SURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
		Burial	19 Dec	. 80	cedar H	ill Cemetery	Suitland	, Princ	e Geo	rge, Md.

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR
NAME HIBOS Rinaldi F. H. ADDRESS New Hampshire Avenue, S. S., Md.

12/15/80 Caronar notified & meel approve Lacure fleores 2,0

4	- A	1	FOR	1	DEPARTMENT OF	HEALTH A	KTLAND ND MENTAL HYGI	ege () 3	2 5	8 6
- 10	6	1	STATE REGISTRAR	MEI	DICAL EXAMIN	IER'S CEP	RTIFICATE OF D	EATH REG. N	ρ.	
			CEASED NAME FIRST		WIDDLE	LAST		20. DATE KNOWN TO ESTI-	MONTH DAY	YEAR HOUR
	ASRIETT			ayne Wil	bur Lake			DEATH MATED	bec 23	70 PO 10 M
	S D SE	3. SĘ:	X 4. RACE	S. DATE OF BIRTH	YEAR LASS 115	100	R 1 YR. IF UNDER 24 HI	RS. 2c. DATE PRONOUNCED	MONTH DAY	YEAR 2d HOUR
	age ()	_	MW	NOV 4.1	925	Rs.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DEAD D	cc, 25.	1940 Z M
4	MESER	7a B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76 CITIZEN OF WI			NEVER MARRIED			DEATH
	S. S. F.	10 C	OKLAHOMA ITY OR TOWN OF DEATH	MOTT	PITAL, NURSING HOM	WIDOWED		USUAL OCCUPATION (TY		IND OF BUSINESS
	Y DELAY IS 33 TO THE F AIN PAGE ILD BE FILED ORDS, 291 V	10.0	7.401	ME NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)			FOR MOST OF WORKING LIFE)	0	OR INDUSTRY
	DEL SOS, P	USU	AL RESIDENCE (IF IN NURSING HOME C		dventist	Hospi	tal	RMY_ANALYST	<u> </u>	S.GOVT
	DEATH. IF ANY DELAY IS GES 1, 2, AND 3 TO THE F IM PM 3, RETAIN PAGE MAD 2 SHOULD BE FILED ORVITAL RECORDS, 201 V		nate 1 M		13c. CITY OR JOWN	13d.		STREET ADDRESS 6	blost	ane DK
	MD. H. II. 12. N. 3. 3. 2. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	14. F	ATHER'S NAME	MIDDLE	LAST	() 15.	MOTHER'S MAIDEN NA	ME		TZAL
	PRE, N A PAN SES I, SES		WILBUR		LAKE		LILLIA	W	BROW	N
	TIMOR TER DE FORM ES I AI ON OF	16a. \	WAS DECEASED EVER IN U.S. AR/	AED FORCES? WAR OR DATES)	16b. SOCIAL SECURI	IY NO. 17.	INFORMANT	ADDRES		
	A A A A A A A A A A A A A A A A A A A		YES KOREA	W	442-20	-9441	DEAN LAKE	SAME AS		WIFE
	: = m > - 0		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)	y ane cause per line		1	1.	(-1	BET	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
	PRESTON ST., ITHIN 24 HOUI CIL IN ITEM 18. VER ALONG V ANSIT PERMIT. AL HYGIENE, E REMOVAL.			E CAUSE (a)	146.		Myac	INGIAL	Organ	
	AL AL		Conditions, if any, which	DUE TO, OR	AS A CONSEQUENCE	OF & 7	- 111	ding		
	WITHIN NCIL IN NINER AINTERNSIT	-	gave rise to immediate cause (a) stating the under-	(b)	apper		13/00	ding		
			lying cause last.	DUE TO, OR	AS CONSEQUENCE	OF	_(1.			
	SS. 2		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	PHIT NOT SELATED TO THE TER	AINT DICETCE US	CONDITION CINEN IN BASE I	UZIV		
	L RECORDS, 201 V ULD BE EXECUTED "PENDING" IN PR FE MEDICAL EXA FE ASD AS BURIAL "HEALTH AND MEI AL, CREMATION, (Z	Non	No.	POT NOT RECEIVED TO THE TER	MINAL UISEASE UN 1	CONDITION GIVEN IN PART 1 (0)			
	RECO JUD BE PENDID TO AS A HEALTH	ATK	19a DATE OF OPERATION		ION FOR WHICH OPE	RATION WAS I	PERFORMED?		20.	AUTOPSY?
	DIVISION OF VITAL RE HIS CERTIFICATE SHOULD WRITING THE WORD "PE AREDED TO THE CHIEF A AGE 3 SHOULD BE USED. ATE DEPARTMENT OF HEL STOOT PRIOR TO BURIAL, C	CERTIFICATION	None							YES NO NO DO
	NES	1	210. EXTERNAL CAUSE WAS	21b. TIME OF	INJURY . MONTH DAY YEA		INJURY OCCURRED (EN	TER NATURE OF INJURY IN ITEM 18		
	DIVISION OF S CERTIFICATE RITING THE WEBED TO THE SE 3 SHOULD I E DEPARTMEN OI PRIOR TO		UNDERLYING OR CONTRIBUTING CAUSE OF (к				
	VISI TING TING TING TING TING TING TING TIN	MEDICAL	21d. INJURY OCCURRED		OF INJURY (AT HOME,	21f LOCAT STREET		CITY OR TOWN	COUNTY	STATE
	DIV E. WRITI RWARDE PAGE 3 STATE DI 9, 21201 F	2	AT WORK AT WORK						COUNT	31712
	F 5 & F		220. I certily that I took charg	e al the remains des	cribed abave, held an	Autapsy (. Inspection	Inquiry . a	nd in my apinian	
	EXAMINER: CERTIFICATE ULD BE FORE. DIRECTOR: , WITH THE SMARYLAND,		death resulted Iram: Natur	al causes	Accident . S	vicide .	Hamicide . Un	determined manner .		
-	EXAM DID B DIRE WARY			0 01	1		TITLE (SPECIFY)			
- 54			ACTUAL SIGNATURE	210	age	M.D.	Dap	MEDICAL EXAMINER	SIGN DO	£25,1980
	MEDIC CUTE 3E 4 S FUNE FR DE/	-	EXAMINER'S NAMBOHN S	. ROGERS		-	1919 SFM	INARY ROAD,	SILVER S	PRING, MD.
	TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BATTIMORE,	200					JKESS			
1	402		URIAL CREMATION, REMOVAL 2 SPECIFYL CREMATION	12/26/80	METROPOL	TTAN C	REMATORY 236	LOCATION CITY OR TOWN	COUNTY	STATE
1	BP			IS J. COL	and the second second		25a. DATE REC'D	ALEXANDRIA BY REGISTRAR 256. REG	ISTRAR'S SIGN	IRGINIA
	DHMH - 17 (VR A15 ME (5))		NAME	1100111100		0.0001	DEC		brotan,	
	15M 2/80	2	00 UNIV.BLVD., 1	SILVEK	SPKING, MU.	20901	DEC	2 0 1004		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST DECEASED NAME 20. DATE OF DEATH MONTH DAY 26 HOUR (TYPE OR PRINT) Jennie Borodofsky Lamensdorf December 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR MONTH HOURS. February 28,1888 Female Caucasian BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY United States WIDOWED X Europe Montgomery County. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bethesdam Retiffement and DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Chevy Chase Nursing Center Retired-Self Employed USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13n STATE 136 COUNTY 113c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Montgomery Chevy Chase 8700 Jones Mi11 Road 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE puo Hille1 Borodofsky Tina Semach ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. INFORMANT Poges (YES, NO OR UNKNOWN) Roland (IF YES, GIVE WAR OR DATES) G. Lamensdorf No 29745123 Linnean Ave. N.W. Wash. 18. CAUSE OF DEATH Enter only one cause per limiter in PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION a 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED ā IN CERTIFYING CAUSES OF DEATH? per Item 18 shows NOX YES NO [Нув 21b. TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) uriol-trar HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 5 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN STATE NOT WHILE AT WORK 220.1 coffity that (1) (this haspital) attended the deceased from the deceased plive on i and that in (my) (see opinion death accurred on the date and hour and from the causes stoted obove (1) (we) (did not) wew the bady after death DIRE 226 SIGNATURE 22c. DATE SIGNED DEGREE December ATTENDING MEDICAL STAFF should be deto with the State L PHYSICIAN X DIRECTOR PHYSICIAN 1980 220. PHYSICIAN'S NAME (XPE OR PRINT) 22e. ADDRESS Irving Brotman, M.D. 2025 I Street, N.W. Wash., D.C. 236. DATE Decem-23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Greenville Jewish BP Buria Cemetery Greenville. Mississipp: E REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR A. PUMBHREY FUNERAL DHMH - 16 50M 1/76 198L (VR A 15 (4)) HOMES. P.A., Bethesda, Maryland

elina The second secon The contract of the contract o

Hvattsville, Maryland

FOR

I. DECEASED NAME

REGISTRAR

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

26 HOUR

HOURS

12b. KIND OF BUSINESS OR

NOF

STATE

SMR.

Own Home

IF UNDER I YEAR

Hall

YES [

COUNTY

40 UNIT

25g, DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

22c. DATE SIGNED

DAYS

9:10p

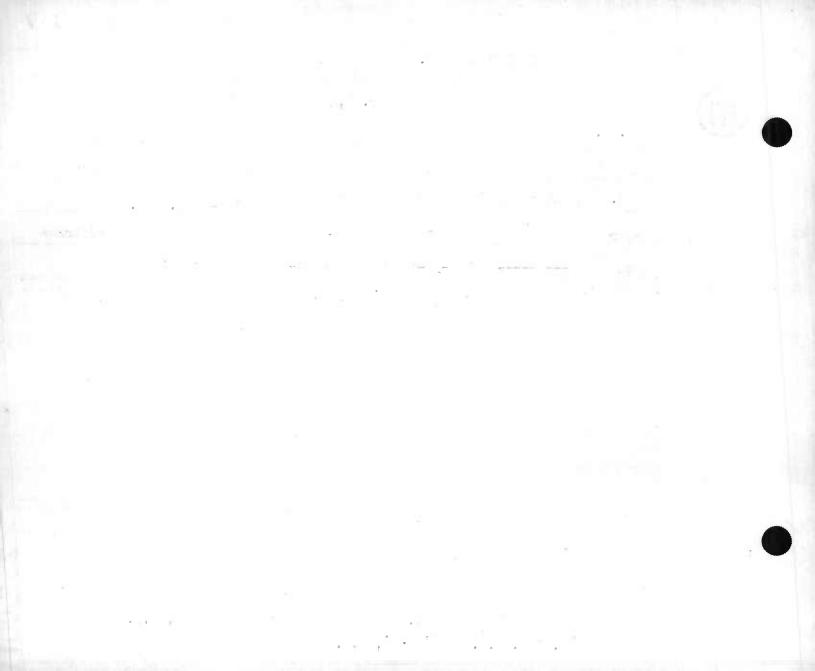
IF UNDER 24 HRS

20 DATE OF DEATH MONTH

DHMH - 16 50M 7/77 (VRA 15 (4))

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11.0	Found	nene V	ogrand
boney Sam to DE	entosi . Mil vetolle		

STATE OF MARYLAND



FOR STATE REGISTRAR	DEPARTMENT O	ATE OF MARYLAND FHEALTH AND MENTAL HYO IFICATE OF DEATH	GIENE 8 0 3	2590
1. DECEASED NAME FIRST	MIDDLE	LAS1	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
TERF	RY L. LAVI	ENDER	DECEMBER 25	1980 2:30 Pm
3. SEX		E OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
FEMALE	WHITE AU	TUST 6 1961	19 YRS.	, , , , , , , , , , , , , , , , , , ,
Ja BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kentucky	1 11 2 4	RIED NEVER MARRIED X	MONTGOMERY	TY OF DEATH MD.
SILVER SPRING	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOLY CROSS HOS		17a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING	17b. KIND OF BUSINESS OR LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME)	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION INTY IS. CITY OR TOWN Silver Spring	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 12001 Cherry H:	ill Road
14 FATHER'S NAME FIRST Jack	Lavender Last	15 MOTHER'S MAIDEN NA FIRST Barbara	MIDDLE	Webb
I 60 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) I IF YES, G	RMED FORCES? 166. SOCIAL SECURITY NO 216-92-4720	. 17_INFORMANT	ADDRESS	
PART I. DEATH WAS CAUS	only one cause per line for (a), (b), and (c).) SED BY: ATE CAUSE (a)	mm		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF			U
	CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART I(a)
190 DATE OF OPERATION 2 110 ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
OR CONTRIBUTION C CAUSE OF D		.R	RED (ENTER NATURE OF INJURY IN ITEM 18	3 PART T OR PART 2)
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased plive of obove, (I) swarfdid (did n	not) view the body effect death.	and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the date and ha	, mor (i) (we) losi
22d. PHYSICIAN S MAME (THE	Catemati	77e ADDRESS		
230. BURIAL, CREMATION, REMOVA (SPECIFY) Removal	12/27/80 R36 NAME O	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE

e de la companya de l		TAVET		17	
rather rese				entucky.	
		тен звоим		pareda ampira	
12501 CHOTTY DILL ROAD		inlays could		.54	
tiei	Bisdina	20238A	a d	lost)	
		12,-92-4720			
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		8.			
				Fave TE	
112181 Andrew	MAG			Anatons Board	

STATE OF MARYLAN
DEPARTMENT OF HEALTH AND MI

ENTAL HYGIENE (3)

	1 -	STATE REGISTRAR	DEI ARTI		ICATE OF DEATH	REG. NO).	2 3	7	1
		OR PRINT) ATHER	NE B	LE	Avit	20 DATE OF DEATH	MONTH 2	9 80	26. HOUR	AM AM
	3. SEX	Female	White	5. DATE O	DAY MEAN	6. AGE (IN YEARS LAST BIRT		MONTHS DAYS	HOURS	MIN.
1000	V:	RTHPLACE ISTATE OR FOREIGN OUNTRY) Irginia	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIE WIDOWE	D NEVER MARRIED D	MON TO	COUNTY			MD.
8	5	VERSPRING	1101	ADDRESS)	OS DE TA	TYPE OF WORK FOR MOST P	E WORKING LI	IPE 124 KIND O INDUSTRY Cler	F BUSINES	SSOR
2	13a S M	d. Mo	PROTHER INSTITUTION CAVE RESIDENCE BEFOR INTY 130. CITY OR JOW			13e. STREET ADDRESS 8811 Co	1esv	ille R	load	
C		THER'S NAME obert Presto	n McPheeters		Mary E. Pe	ntleton S		LAS	řΤ	
		(IF YES, GI	RMED FORCES? 16b. SOCIAL SECU IVE WAR OR DATES) 557 50		A Margaret	e as abov Leavitt (hter)		
		PART I. DEATH WAS CAUS	inly one couse per line for (a), (by or ED BY: ATE CAUSE (a)	id (cl.)	cortial	whole		BETWEEN	MATE INTERV	ZAL DEATH
		Conditions, if any, which	DUE TO, OR AS A CONSEOU	ENCE OF	to fend	Liene		ye	ms	_
		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF				0		
	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	nal disease or cont	ITION GIV	VEN IN PART 10	D	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN IFYING CAUSES ES []		H?
		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM ETC)	211 LOCATION STREET	CITY OR FO	WN	COUNTY	ST	TATE
	1	saw the deceased alive a	n 19 ot) view the body ofter death.	50,01	nd that (D_(my) (aur) apinian d	, 10	gote and hor		that w causes stat	
		276 SHENATURE	I, Rod	N	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		220. DATE	SIGNED 9	ger
		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		220 ADDRESS	110. 11 3.	all	I ME	une-	£ .

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

236. DATE

23c NAME OF CEMETERY OR CREMATORY Homewood Cemet

THE LOCATION

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely

should be detoched for use as the burial-transit permit. Then please remove corbangape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

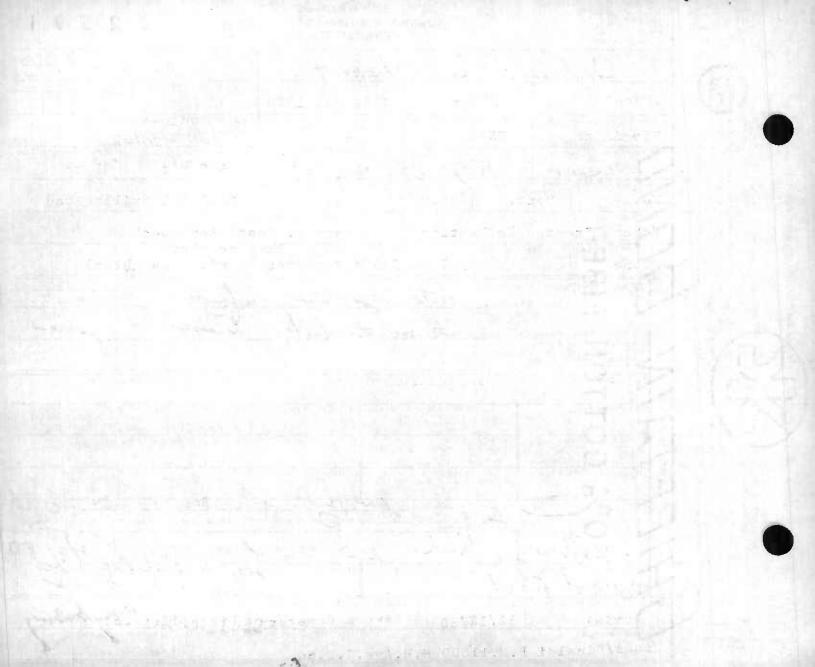
IMPORTANT: If them 21 is marked or them 18 shows any

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24 FUNERAL DIRECTOR
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		REGISTRAR CEASED NAME	FIRST	MEI	MIDDLE	AEK. 2	LEKTIFIC	ATE OF L	DEATH	REG. N				
		E OR PRINT)			MIDDLE		LAST		20 DATE OF	ESTI-	MONTH	DAY	YEAR	7b. HOUR
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2000	3. SEX		hite	5. DATE OF BIRTH MONTH DAY Apr. 20				HOURS MI	HRS. 2c. DAT PRONOL DEA	INCED	12	6 1s	YEAR P80	11:50 a M
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I. IF ANY DELAY IS NE 2. AND 3 TO THE FU 3. RETAIN PAGE 5. 2. SHOULD BE FILED. AL RECORDS, 201 W.		ty or town of di Bet	thesda	11. NAME OF HOS (IF NOT IN SUCH FACE 3800 MC	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) CArthur Blv	d.		10N 120	USUAL OCC FOR MOST OF WI Homema	UPATION (TY ORKING LIFE)		17h KIND	OF BUS DUSTR'	INESS Y
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ORE, MC DEATH. AGES 1, 2 RW PM 3 1 AND 2 1 OF VITA	J	ames		Polk	Tague		I	da		MIDDLE		Hutch	ins	
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TO MEDICAL EXAMINER: THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STABBALTIMORE, MARYLAND, 2		22a. I certify tho deoth resulted fro ACTUAL SIGNATURE		of the remains described in causes IX	Accident S	Autor	Homici TITLE (SF		Inquir	manner	DATE	10	/ 7/8	0
MEDIC GECUTE 1 OGE 4 SI TER DEA	100	EXAMINER'S NAM (TYPE OR PRINT)		homas D.	Smith, M.		ADDRESS		n St.	Balto	., MD	,		
0000 5x4544	(5	URIAL, CREMATION, Cremation		DATE 12/12/198			Crema	tory	Suit		coul		SŤA	TE
DHMH - 17 (VR A15 ME (5)) 15M 2/80	24 FI	NAMERAL DIRECTOR	sc. Av	oh Gawler	wash., D.	C	2	DEC	1 7 198		STRAR'S S	MEL	ready	

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2g. DATE OF DEATH DECEASED NAME MONTH TYPE OR PRINT LEVIN DECEMBER 17, 1980 JOY BELINDA SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) APRIL 14, 1958 22 WHITE FEMALE 70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WASHINGTON. DC USA WIDOWED DIVORCED | MONTGOMERY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION THE CHINICAL CENTER. NIH FLIGHT ATTENDAN BETHESDA USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) BROWARD 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 9067 NW 35TH PLACE SUNRISE YES X FLORIDA 15 MOTHER'S MAIDEN NAME MIDDLE LEVIN GLORTA HERBERT ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? HERBERT LEVIN. FATHER 217-76-1640 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: SEPSIS IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF ACUTE MYELOGENOUS LEUKEMIA Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 220.1 certify that XX this haspital) attended the deceased from 800 saw the deceased glive on 17 DECEMBER 19 8 NOVEMBER 10 80 , and that in (Xy) (our) apinion death accurred on the date and hour and from the causes stated above, (New) (did) (ald XX view the body after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT should be with the St 22d PHYSICIAN'S NAME (TYPE OF PRINT) THE CLINICAL CENTER, NATIONAL INSTITUTES OF HEALTH, BETHESDA, MARYLAND SOLOMON 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE

12/19/1980 24 FUNDONALDOM. STEIN HEBREW MEMORIAL FUNERAL HOME 250

232 CARROLL STREET. N. W., WASHINGTON. D. C

- STATE

REGISTRAR

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DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

7:00

IF UNDER 24 HR

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

14 MONTHS

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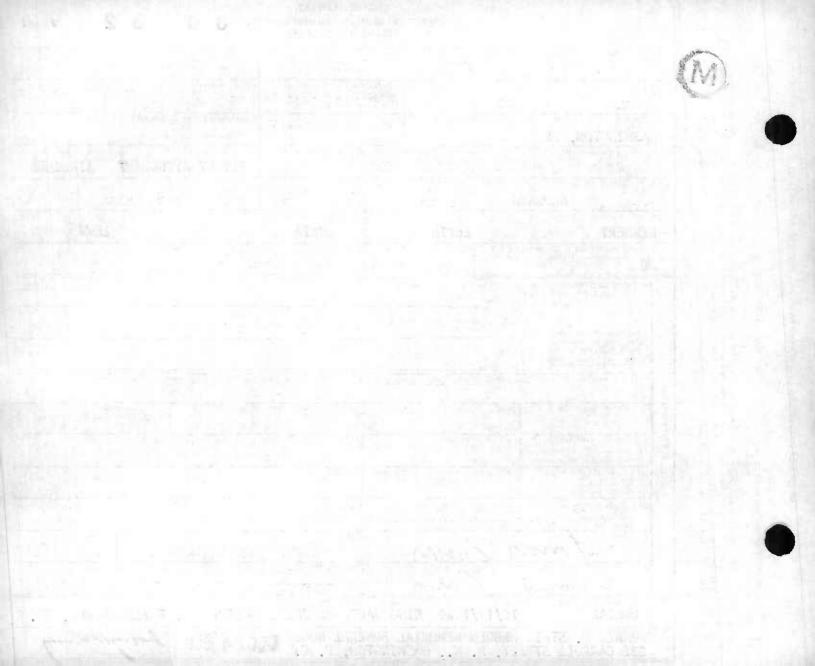
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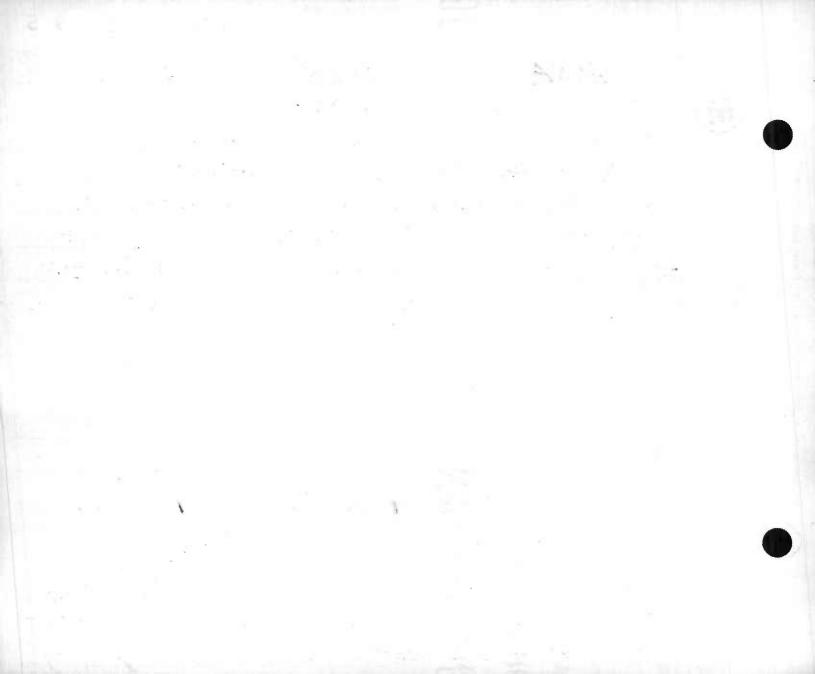
KING DAVID MEMORIAL GARDEN TO FALLS CHURCH. VA.

22c. DATE SIGNED

IF UNDER I YEAR



				STATE	OF MARYLAND		11		
	1.	FOR STATE REGISTRAR	DEPART		ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 ()	3 2	2 5	9 5
p 4 3		CEASED NAME FIRST ORPRINTS	MIDDLE	1	EWIS	20 DATE OF DEATH	MONTH DAY 12-1-	YEAR 26.	10 PM
M	³ se Fe	male	race Caucasian	5. DATE OF Dec	DAY YEAR	6 AGE LIN YEARS LAST BIR	THDAY] IF UND		DURS MIN
2	L C	RTHPLACE (STATE OR FOREIGN DUNTRY) Shington, DC	76 CITIZEN OF WHAT COUNTRY USA	MARRIED WIDOWEE	NEVER MARRIED DO	Montao		COUNT	/ MD.
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50 Comine		THER'S NAME Lomon Lewis	MIDDLE LAST		Bertha	MIDDLE		osinsl	
medico		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE O ——	WAR OR DATES		Dr. Arthur		ESSWash. 200 Mass		
injury, or other trou	NO	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUENCE (c)		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 1(o)	
Shows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WER IN CERTIFYING YES	CAUSES OF	USED DEATH?
hem 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH E	DAY YEAR	21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 O	IR PART 2]	
orked or	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	NN CC	OUNTY	STATE
T. If Item 21 is m		sow the deceased alive on	tol) attended the deceosed from,		that in (my) (our) apinion : EGREE ATTENDING PHYSICIAN	MEDICAL CYA	FF		
MPORTANT		1220 PHYSICIAN'S NAME (THEO	SINGER,	MD.	6001 LAN	DOVER &	B CHE	VERL	YM
		Burial, CREMATION, REMOVAL			metery or crematory gton Hebrew			-6	D. C.
6 20M 4) 7/78		INERAL DIRECTOR anzansky-Gold	dberg Inc. Ro	ckvil:		EU8 1300	25b. REGISTRAR'S	SIGNATURE	



					STATE	OF MARY	LAND			
17		1	FOR		DEPARTMENT OF H	EALTH AN	D WENTALH,	YGIENE 7	2 3 0	6
17		1.	STATE REGISTRAR	ME	DICAL EXAMINE	R'S CERT	IFICATE O	F DEATH REG. NO.	6 3 7	0
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	FILL	3 SE		S. DATE OF BIRTH			YR. IF UNDER 2		ONTH DAY YEAR	2d. HOUR
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21201	AND			mi ma	Washington.		ON D	3003 Van Ness	Street. N.	W.
. 2	01.00 ()	14. F.	ATHER'S NAME				OTHER'S MAIDER			
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× ×	DURS AF		18. CAUSE OF DEATH (Enter	only one cause per line	e for (a). (b). and (c).)				APPROXIMA	TE INTERVAL
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	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARKEAND, 215	22- 0		I 12h DATE	Inc. Ville or cour	ADDR		TO LOCATION		
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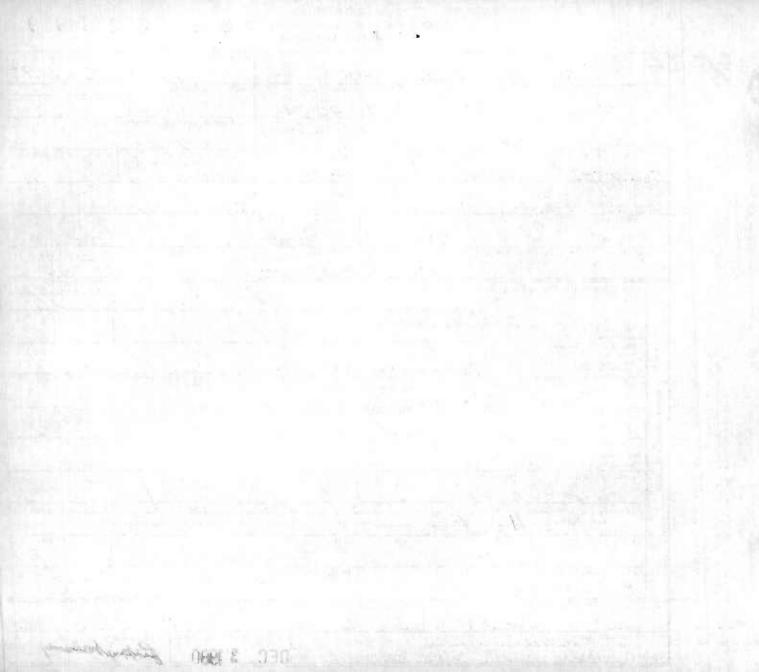
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7	AL	OR CONTRIBUTING CAUSE O	DEATH	A.M. MONTH E	DAY YEAR								
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		72h SIGNATURE	har view the bad	y after death.		DEGREE		1000			22c. DATE	SIGNED	
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		774 PHYSICIAN'S NAME IT	PE CR PRINTS	2 my		22e ADDRE	-	DIRECTOR	THISICIANE				
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	23n B	URIAL, CREMATION, REMO			NAME OF C		CREMATORY	23d. LOC.					Md.
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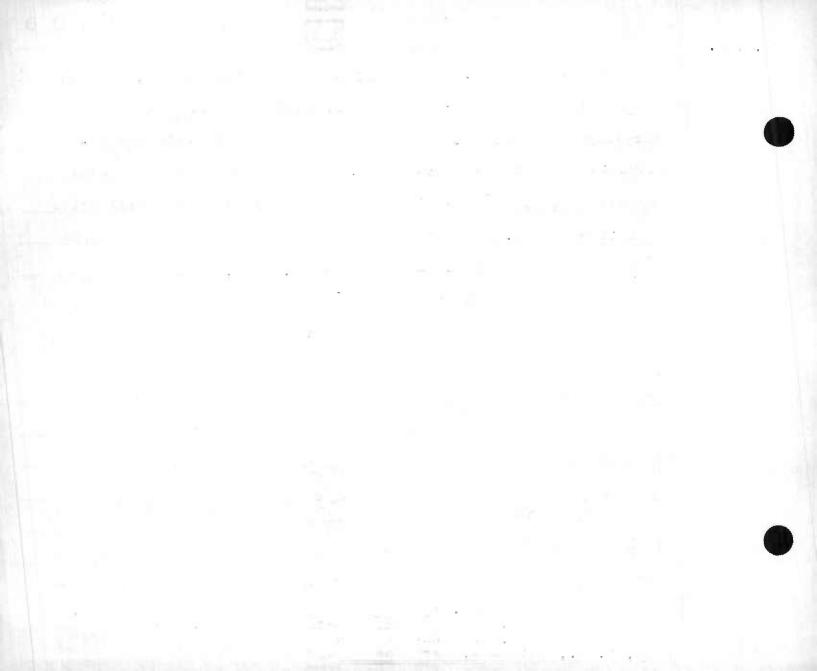
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		123		EASED NAME	FIRST	MIDDLE		LAST	2a. DATE	OF DEATH MONTH	DAY YEAR	2b HOUR
(add	page 3		(TYPE	OR PRINT)	RTHUR	Jac	ob L	OHR		12-	1-80	6'884
UMI	r, pa		3. SE		4 RACE			OF BIRTH		YEARS LAST BIRTHDAY)	MONIHS DAYS	IF UNDER 24 HRS HOURS MIN.
6	ecta urs al			Male	6	NHITE	7	20	P/	89 YRS		MOUNS MIN.
P. P.	72 hou	2		RTHPLACE (STATE OR FO		EN OF WHAT CO	UNTRY? 8 MARRI	ED NEVER MARR	ED 9 BALTIA	ORE CITY OR COUN	TY OF DEATH	经年产的
deat	E C 2	77		<i>iginia</i>	USA		WIDOW	ED X DIVOR	ED 🗌	Montgomery		MD.
i i	the f	71		TY OR TOWN OF DEA	(IF N	OT IN SUCH FACILITY, G	IVE STREET ADDRESS)	OR OTHER INSTITUT	(TYPE OF W	LOCCUPATION ORK FOR MOST OF WORKING	12b. KIND O INDUSTRY	F BUSINESS OR
201	e filed	11		TROMA Park	Was	hington	Adventis:	t Hospital	Carp	enter		
0 21	filled in could be	20	13a. S	TATE	13P COUNTY	13c. CITY (ORTOWN	136. INSIDE CITY LI		T ADDRESS		
LAN hin 2	2 shau	2.)		LYLAND THER'S NAME	Pr. Geo.	Adel	pne	YES NO	IDEN NAME	Cool Sprin	g Koad	
IARY J with	and 2	(0)		Noah	MIDDLE		LAST	FIRST		WIDDLE	Gutsha	0.0
E, N	0	=	160 V	AS DECEASED EVER II	N U.S. ARMED FOI	RCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	mama Brandson	ADDRESS 20	03 Dana	
BALTIMORE, MARYLAND	and age	1	(7	ES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR (01-47.37		Martin/		elphi, M	
ALTI	ers.			IL CAUSE OF DEATH	(Enter only one co			1 raut 1.	marchy	1	APPROXI	MATE INTERVAL
7 4	physic in pape emaval.			PART I. DEATH WA	AS CAUSED BY: MMEDIATE CAUSI	/	oli -	Dele	1.	Failm	0 /21	Me
No h cer	ding arbo arre	9		5321		TO, OR AS A CO	NSEQUENCE OF		1			- 1
EST	atten,			Conditions, if ony,	which ((6)	1 /	1	10	11	1	
V. PR	the remo	2		gave rise to immo	the DUE	TO DE AS A CO	NSEQUENCE OF	no ,	1. 10	1/1	/ /	/
V to	d by lease ial, cr	- 1		underlying cause	- 2	Kepts	roped	Elad	yluc	dend ll	021/4	1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death certi	signe hen p ta bur		2	PART 2 OTHER SIGN	FICANT CONDITI	ONS COMPRIBUTE	NG TO DEATH BU	NOT RELATED TO	HE FERMINAL DISE	ASE OR CONDITION O	SIVEN IN PART TIE	
OS	nit. I		CERTIFICATION	In DATE OF OPERAT	ON 119h	CONDITION NOR	WHICH OPERATE	N WAS BERFORME	Trou AV	TOPSY? [206. IF 1	YES, WERE FINDIN	4GS USED
L REC	has be permine pr	9	IFIC	11/5/	1	30.1.	PL	1-/1/	/- V#SE	NO[]	TIFYING CAUSES	OF DEATH?
ATI A	hysicio ficate fransit Hygie 18 sho	\vdash	CERT	21s. AGEIDENT WAS LINDS		TIME OF INJURY	14700	THE HOW INJURY	OCCURRED INTER	NATURE OF HUNDER IN ITEM I	Bad	
OF	certification in incol-tra	21	- 5-1	OR CONTRIBUTING CO	O'S OF DEATH	DUR A.M. MON	TH DAY YEAR					
NO.	d M Sis		MEDICAL	214 INJURY OCCURR		PLACE OF INJURY		21E LOCATION		CITY OF TOWN	COUNTY	STATE
NIS DA	After the as the ofth and		2	WHILE NOT WHE AT WITH TA		1.1	GEFECE, FARM, ETC.)	1		//	0.000	Mester .
DIA				22ml certify the 114				3//_ "	80 10	12/1/	1050	that (1) (we) last
ATTE	DIRECTOR DIRECTOR sched for u Dept. of Hem 21 is			above 1) (yey d	d) (did not New)	ne bady ofter death	19 / 1		apinion death occu	red on the date and h		
	the horached			The Signature	21/	1		DEGREE	DING MEDICA	L STAFF	72s. DATE	SIGNED
ITAL	A a t	_		224 PHYSICIAN'S NA	Mur	12		PHYS 77* ADDRESS /	ICIAN E DIRECTO	R D PHYSICIAN D	1-	1
POSP	TO FUNERAL should be defined by the State with the State			# / 1	1 1 2	TED.		337 W	nuefo	of bela	d Za	11/
0	TO FUNI should b	-	270 4	URIAL CREMATION, R	EMOVAL TIBLD	LIK	T22 NAME OF	CEMETERY OR CREM	ATORY TIME	CATION	- in	711
70021	BP			Burial		.4,1980	Cedar			ITY CHI TOWN	r. Geo.	Md.
1/0			24. Ft	INERAL DIRECTOR FA	annis T	Callins	1 Centre	ill		REGISTRAR 25h REG	STRAR'S SIGNAL	LIRE
	H-16 30M 2/80 VRA 15, 4)		50	Universia	u Blud	W. Silv	er Sprin	a. Md.	DEC 31	980 1	they had	Morty
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STATE OF MARYLAND



	1-	FOR STATE REGISTRAR	ı	EPARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG BICATE OF DEATH	GIENE 8 0 3	2601
	1 DEC	CEASED NAME FIRST	Robin		LONG		1 1980 2b HOUR 11:31P
)	3. SE	Female	4 RACE Caucasian	5. DATE C		6. AGE (IN YEARS EAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 35
5		RTHPLACE (STATE OR FOREIGN COUNTY)	76 CITIZEN OF WHAT CO	UNTRY? 8 MARRIE WIDOWS	D NEVER MARRIED X	9 BALTIMORE CITY OR COUNTY Montgomery	OF DEATH
7	Be	thesda		NURSING HOME CONTROL AND PRESS (NEW PARTY NEW		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12h KIND OF BUSINESS OR
5	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	NTY 13c. CITY	OR TOWN Gomery	134. INSIDE CITY LIMITS?	13e STREET ADDRESS 12907 Crooksto	n Lane Apt. 17
0	I4 FA	THER'S NAME FIRST Leslie		LAST Ong	Joan	ME Frances	LAST
	16a. W	VAS DECEASED EVER IN U.S., AI	RMED FORCES? VE WAR OR DATES) N/	A SECURITÝ NO.	Leslie Long	See item 13	
	The state of the s	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	INSEQUENCE OF	t, cause unde		
	NOI					MINAL DISEASE OR CONDITION GIV	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S K
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE TILL INJURY OCCURRED	ATH HOUR A.M. MON	19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	
	ME	WHILE NOT WHILE 220. I certify that (1) (this hasp	(AT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC.)	11	city or town	COUNTY STATE
		saw the deceased alive a abave, (I) (we) (did) (did no 22b. SIGNATURE	at) view the bady after deat	h.	DEGREE ATTENDING	death accurred an the date and had	22c DATE SIGNED Dec. 17 1980
1		22d PHYSICIAN SNAME (TYPE H. C. J. CO	OR PRINT) ONLON, M.D.	NE	22e ADDRESS	□ director □ physician 🛭 val Medical Cente	

DHMH-16 30M 2/80 (VRA 15, 4)

should be detached far use as the burial-transit with the State Dept. of Health and Mental Hygi

MPORTANT: If Item 21 is

23a. BURIAL, CREMATION, REMOVAL Removal

17 Dec.80

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION National Naval Medical Bethesda,

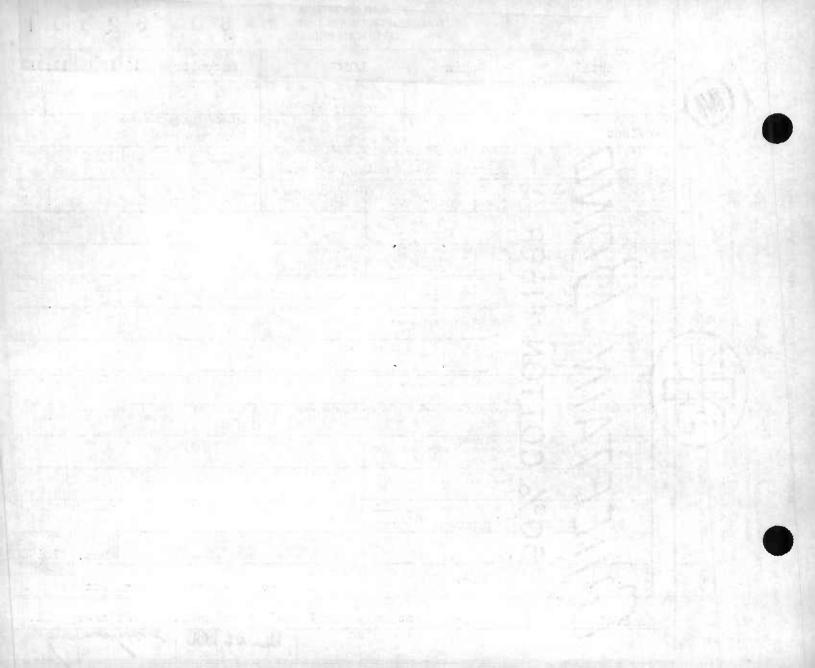
Montgomery Md.

24 FUNERAL DIRECTOR ADDRESS

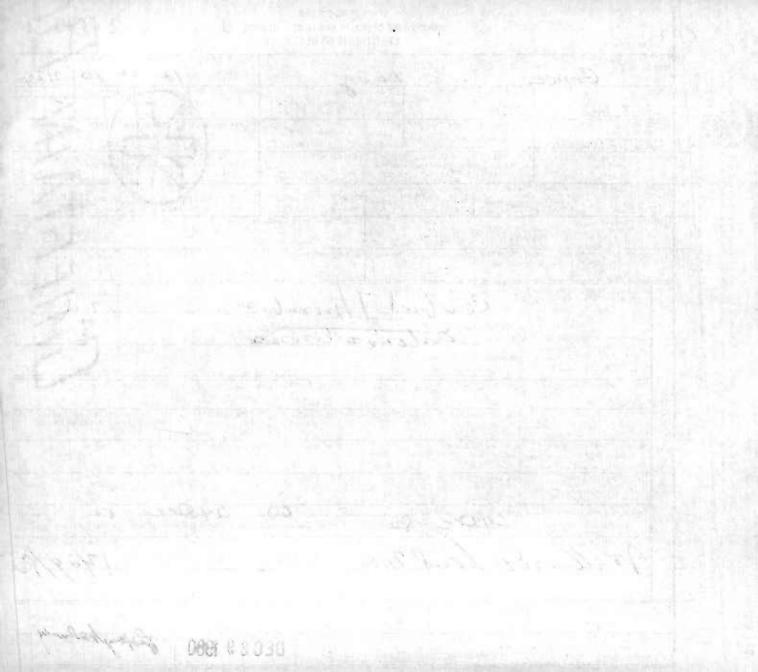
236. DATE

Center

National Naval Medical Center, Bethesda, Md.



(8)	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF H	OF MARYLAND CALTH AND MENTAL HYG CATE OF DEATH	IENE 8 0	3 2 6 0 2
		CEASED NAME FIRST	MIDDLE	LA LA	ST	It. DAIL OF BERNIT	ONTH DAY YEAR 26. HOUR
# # P		Grace	C.	LON	19	12	- 24 80 12125pm
6 83	3. SE.	4.	RACE	5. DATE O	F MTH	6. AGE (IN YEARS LAST BIRTHO	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
(Ba)		FEMALE	WHITE	MONIH	AUG °28,1901	79	YRS.
以 		RTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNT	RY2 8	□ NEVER MARRIED □	9 BALTIMORE CITY OR	
1 1 1		ASHINGTON, D. C.	U.S.A.	WIDOWE		MONTGO	MERY MD.
1 11 30	10. C	TY OR TOWN OF DEATH	. NAME OF HOSPITAL, NUI		ROTHER INSTITUTION	120 USUAL OCCUPATION	
10 4 49 4/0	1	WHEATON	WHEATON MANOR		URSING HOME	CLERK	U.S.D.A.
hour hour	13a. S	AL RESIDENCE HENURSING HOME OF OT	HER INSTITUTION GIVE DESIDENCE BE	FORE ADMISSION)		13e STREET ADDRESS	
4ND 24 filled lould lould		ARYLAND 136 COUNTY	OMERY SILVER	SPRING	YES NO [216 WILLIA	MSBURG DRIVE
RYL,	14. FA	THER'S NAME	DDLE LASY		15. MOTHER'S MAIDEN NA		LAST
MA maple of a		DAVID BOY		OCK	ANNA	MIDDLE.	WILLIAMS
ore, and can ges 1		VAS DECEASED EVER IN U.S. ARME		ECURITY NO.	17 INFORMANT NEPHE		206 HICKMAN STREET
IMO n one ex		NO_	579-0	3-7814	JOSEPH B. N	IURDOCK	REHOBOTH BEACH, DELA
201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 es that the death certificate be executed within 24 hours need by the attending physician and completely filled in by please remove carbangapers. Pages 1 and 2 should be truind, cremation, or removal.		18 CAUSE OF DEATH (Enter only	ane cause per line for (a), (b)	, and (c)	11 .		APPROXIMATE INTERVAL
rtific rtific physnews emoveren		PART I. DE ATH WAS CAUSED I		ral 1	humbs	sio	20
DN ce th ce or re		4340	DUE TO, OR AS A CONSE	OUENCE OF.	1		7
deot deot deot tron, oum	101	Conditions, if any, which	((b) an	Weise	pelerone	3	- 6
the removement		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF			
thot thot d by eose ol, cu		underlying cause last	(c)				
DS, 20 quires signed hen pl to burit ilury, o	z	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART I (a)
or ree	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	I WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
no. no. permi	IFIC	THE STILL OF STEMMON				YES TI NO	IN CERTIFYING CAUSES OF DEATH?
TAN sicio sicio sicio ygie t sho	ERI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	_	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	
SION OF VITA PHYSICIAN: T PHYSICIAN: T this certificate this certificate and Mentol Hygi d or frem 18 sh		OR CONTRIBUTING CAUSE OF DEATH					
ON OF HYSICIA ding pi ding pi burial-t Mental-t or frem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION		
/ISIG	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC }	STREET	CITY OR TOWN	COUNTY STATE
DING or o Afte		220.1 certify that (I) (this hospital	attended the deceased fro	m	10/0	10 24 De	19 81, that (I) (we) last
TEN Tel O Sp. ov. ov.	3	sow the deceased alive on	Julea		that in (my) (our) opinion	death occurred an the date	and haur and from the couses stated
A AT Hosp ed for opt. o		abave, (1) (we) (did) (did not) v	view the body after death.		EGREE		22c. DATE SIGNED
L OR ATT the hospir to DIRECTO stoched for e Dept. of if them 2	-	avill	0/1	1 mg	ATTENDING	MEDICAL STAFF	12/2///22
PITA by by e de Stot		22d. PHYSICIAN'S NAME (TYPE OR P	RINT)	1116	22e ADDRESS	DIRECTOR PHYSICIA	179/10
TO HOSPITAL (retoined by the TO FUNERAL II should be deto with the Store II		WITH TAN 0 41	m			NG, MARYLAND	
With With Williams	23n I	WTI.TAM D. AL		3c NAME OF CE	METERY OR CREMATORY	123d LOCATION	
SP_BP_		SPECIFY)			ILL CEMETERY	SUITLAND	PRI GEO , MOSTATE
HAR STATE	24 FI	JNERAL DIRECTOR EDANGE	12/27/80 S J. COLLINS	CLUAR II.	25 LDAT	EREC'D BY REGISTRAR 25	b. ROSSIPHOUS PURITIES
DHMH-16 30M 2/80 (VRA 15, 4)		NAME FRANCI.		NG MD	ngni DE	CZ 9 1980	1
		DUU UNIV BLVV. W	" " SILVEK SLYI	NO, MD.	20701		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO DECEASED NAME [X] KNOWN MONTH 7b HOUR (TYPE OR PRINT) DAWN LONG OF ESTI-**JEANETTE** 80 DEATH MATED 4 RACE SEX DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 14 HO36 DATE YEAR LAST BIRTHDAY PRONOUNCED white female 8 .18,1953 DEAD eb YRS FOR YE To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED FOREIGN COUNTRY) Montgomery County U.S.A Maryland DIVORCED 40 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED, 1 18 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) 408 Woodburn Avenue Rockville /E PAGES 1, 2, AND 3 TO T FORM PM 3. RETAIN PA GES 1 AND 2 SHOULD BE FI SION OF VITAL RECORDS, 2 Secretary Lega] USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13e. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Montgomery Germantown Maryland Paprika NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST Grev Ricketts Genevieve 160. WAS DECEASED EVER IN U.S. ARMED FORCES? . INFORMANT ADDRESS PAGES 1 166 SOCIAL SECURITY NO DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-64-0088 Same as 13e Jeffrey D Long ALONG WI 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),
PART I DEATH WAS CAUSED BY:
Bronchopneumonia APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH USED AS A BURIAL - TRANSIT PERMITOR HEALTH AND MENTAL HYGIENE, IMMEDIATE CAUSE (o). CREMATION, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21201 PRIOR TO BURIAL, YES X NO [EXECUTE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALLIMORE, MARYLAND, 21201 PRIOR TO BU 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Inspection and in my opinion Natural causes XX death resulted from: Undetermined monner Assistant 1-2-81 ACTUAL DATE SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME 111 Penn Street Margarita A.Korell, M.D. TYPE OR PRINT 236 LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE JANUARY BURIAL 1980 Parklawn Memorial Rockville 24 FUNERAL DIRECTOR AGISTEAR'S SIGNATURE Rockville, Maryland Pumphrey Funeral Homes, **DHMH-17** (VR A15 ME (5)) 15M 2/80

Eq. A. Land Market Co. Co.

500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

(VR A 15 (4))

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE A - STATE CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE 20 DATE OF DEATH MONTH 1. DECEASED NAME YEAR (TYPE OR PRINT) MacFate Grace 30 December 1980 Lvnn 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5 DATE OF BIRTH 31. 1901 Aug. Female White To BIRTHPLACE STATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED II.S.A. North Caroli Montgomery WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! INDUSTRY Ret.-Clerical US Gov't. 5500 Friendship Blvd. Chevy Chase ISUAL RESIDENCE HENURSING 13e STREET ADDRESS 5500 Friendship Blvd. Montgomery Chevy Chase Maryland 15 MOTHERS MAIDEN NAME 4 FATHERS NAME EIRST FIRST MIDDLE Utlev B. Scarborough Clara Edward ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-60-3360 Harry C. MacFate, Jr., Same as # 13. No 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AN A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE March 22a | certify that (I) (this hoperal) attended the deceased from March 19 0 to 20 11 19 00, that (I) (we saw the deceased alive on 28 December 38 and that in (my) (government death occurred on the date and hour and from the causes stated sow the deceased alive on 2 S Deceased above, (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 224 PHYSICIAN'S NAME (TYPE OR PRINT) the the MPORT with w 23(NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN (SPECIFY) Arlington, Virginia Columbia Gardens Cemetery BP Burial 14 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. DHMH - 16 60M 1/75 5130 Wisconsin Ave., NW, Washington, D.C. 20016 (VRA 15 (4))

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN [TYPE OR PRINT] 12-26-Maguire DEATH MATED Helen E. 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY Female PRONOLINCED 78 YRS To BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED Montgomery Penna. WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Bethesda OR INDUSTRY Ret. Nurse Nursing USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13c CITY OR TOWN 13e. STREET ADDRESS Washington.DC 5910 - 31st Place, N.W. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Maguire Patrick Elizabeth Moore 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION O (YES, NO, OR UNKNOWN) 578-42-4237 No Mary Maguire, Same as # 13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF VASCUlar Disease Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF PRIOR TO BURIAL YES [] NO X ARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT C 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME If LOCATION STREET, FACTORY, FARM, FTC 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, WI PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PAG AFTER DEATH, WITH THE STAT BATTIMORE, MARYIAND, 21201 220. I certify that I taak charge of the remains described above, held an Natural causes death resulted from: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL e Puty SIGNATURE EXAMINER'S NAME John G. Ball ADDRESS Bethesda. Montgomery Co. Maryland (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY STATE Burial 12/30/80 Mt. Olivet Cemetery Washington, D.C. BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Joseph Gawler's Sons, Inc. **DHMH-17** (VR A15 ME (5)) 5130 Wisconsin Ave., NW, Washington, D.C. 20016 15M 7/77

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	FOR		MAKTLAND 'H AND MENTAL HYGIEN	E 6 6	
	- STATE / REGISTRAR	MEDICAL EXAMINER'S	CERTIFICATE OF DEA	TH U REG. NO. 3	2 5 0 8
	DECEASED NAME FIRST (TYPE OR PRINT) Sir Alber	rt Michael Ma	rgai	OF ESTI- DEATH MATED 12/1	8 1980 P M
	SEX 4. RACE Black	5. DATE OF BIRTH SEAR LAST SIRTHDAY October 10, 1910	INDER 1 YR LIF LINDER 24 HRS	PRONOUNCED DEAD 12/1	DAY YEAR 24 HOUR
	Birthplace (STATE OR Bangbatoke Lierra Leone	Th CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR COUNT Montgomery	Y OF DEATH
7 10	CITY OR TOWN OF DEATH Olney	1) NAME OF HOSPITAL, NURSING HOME, OR O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Montgomery General Ho	spital Aftir	aloccupation (Type of Work of The Cycles of Work of The Cycles of Type of Work of The Cycles of Work of Type of Type of Work of Type of Type of Work of Type of Type of Work of Type of Type of Type of Work of Type o	126. KIND OF BUSINESS
130		or other institution, give residence before admission) NTY 13c CITY OR TOWN London	13d INSIDE CITY LIMITS? 13e. STRE	ter ornsey Rise Gard	
0 14	FATHER'S NAME M.E.S.	Margai	15. MOTHER'S MAIDEN NAME Noaneh		nobtainable)
160.		RMED FORCES? E WAR OR DATES) ONE N/A	Samuel Tucker-	ADDRESS -13106 Camellia	Dr., SS,Md.
	18. CAUSE OF DEATH (Enter o PART I DEATH WAS CAUSE	nly one couse per line for (o), (b), ond (c).) ED BY: ATE CAUSE (o) Acute Myocardia	L Disease		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a) stating the <u>under</u> lying cause lost.	e (b)			
NO	PART 2 OTNER SIGNIFICANT CONDITION	(C)	ASE OR CONDITION GIVEN IN PART 1 (a).		
CERTIFICATION	190 DATENORERATION	196. CONDITION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY? YES NOXX
		HOUR A.M. MONTH DAY YEAR	HOW INJURY OCCURRED LENTER N	VATURE OF INJURY IN ITEM 18 PART 1 OR PAR	RT 2)
MEDICAL	218. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	OCATION STREET	CITY OR TOWN COU	inty state
		rge of the remains described above, held an Autural causes , Accident , Suicide	ppsy , Inspection , Undete	Inquiry , ond in my opermined manner ,	
2	EXAMINES NAME John	n S. Rogers, Mil	M.DMED	ICAL EXAMINER DATE SIGNE	Dec. 13, 1980 er Spring, Md.
2 230	(ITTE OK PKIIAI)		_ ADDRESS	OCATION OR TOWN COUN	
	BURIAL CREMATION, REMOVAL (STECIFY) Burial	1980 Gbangbatoke		reetown Sie	rra, Leone

A STATE OF THE RESERVE TO STATE OF THE PARTY

	1.	FOR - STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	3 2 6	0 9
)		CEASED NAME FIRST Dorothea T	Markee	L	AST	Dec. 20,		26 HOUR 3: 30pm
25	3 SE	Female	White	5 DATE C		6. AGE (IN YEARS LAST BIR	YRS.	YS HOURS MIN
0	C	Penna.	U.S.A.	MARRIE		Montgomer		MD.
69			II. NAME OF HOSPITAL, NUM (IF NOT IN SUM FACILITY, GIVE ST LOUT COME TY GEN	eral Ho		12a. USUAL OCCUPAT (1YPE OF WORK FOR MOST O Housewi		D OF BUSINESS OR
75	13a S	AL RESIDENCE IF NURS G HOME OF STATE 130 COON		OWN	13d INSIDE CITY LIMITS? YES NO		nington La	ne
46		William	Villi		15. MOTHER'S MAIDEN NAME FIRST Bertha	MIDD(E		iegelberg
3		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATEST		Earl H. Mark			Drive aryland ROXIMATE INTERVAL TEN ONSET AND DEATH
- S - S	No	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) DUDITIONS CONTRIBUTING	OUENCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN PART	(Ita
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NO★	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART	2)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
		220.1 certify that (I) (this bospite saw the deceased alive on above, (II (were did)) (did not) 22b SIGNATURE Jonafo	view the bady after death.	10.00 or	nd that in (my) (see opinion of opinion opin	deoth accurred on the d	22c. D/	the couses stated ATE SIGNED - 20 - 80
		22d PHYSICIAN'S NAME (TYPE OR			220. ADDRESS 18111 Prince			Md.
	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY) Rurial	23b. DATE 2		EMETERY OR CREMATORY ood Cemetery	23d LOCATION Philade	lphia COUNTY	Penna.

1331 Rockville Pike Rockville, Md. 20852

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR, After

should be detached for use on the burnal-transit perm with the State Dept. of Health and Mental Hygrene p

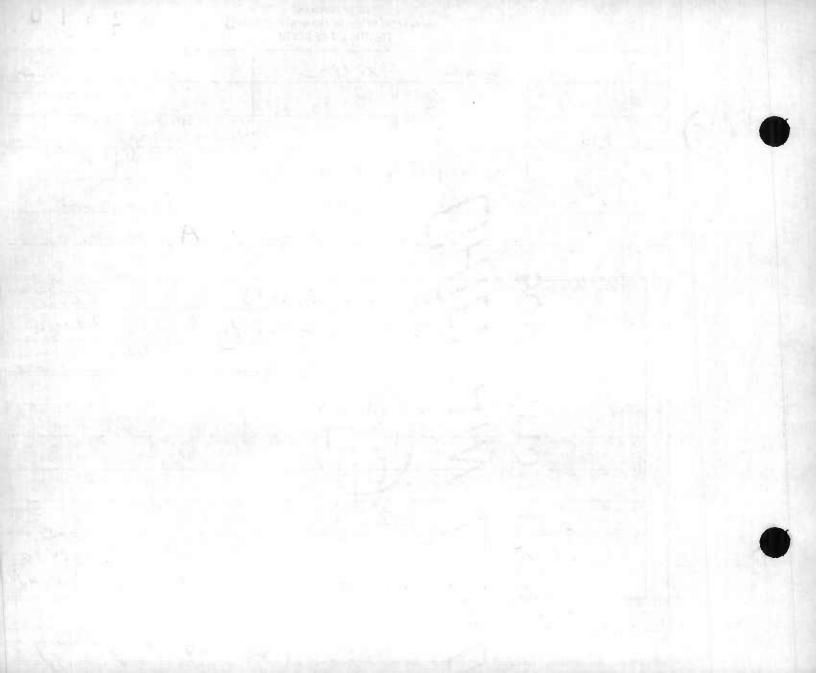
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nursel 12-75-80 Perthwood Cenoterry Typon Vices Tuperal Pone, Inc. 1971 Receiville the Rockville, Nd. 20652

	1	FOR - STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE 8 0	3 2 6, 1 0
noy be page 3		CEASED NAME FIRST Baby	GIRL	Mar	tin	2a. DATE OF DEATH	2 2 4 So 1234 AM
oge 4 mo	3 51	Female	- Black	5. DATE O MONTH (2	BIRTH DAY YEAR 23 SU	6 AGE IN YEARS LAST BIRTH	YRS. DAYS HOURS MIN
deoth. P		Md.	CITIZEN OF WHAT COUN	MARRIED WIDOWEI	The state of the s	Montgo m	ery MD
201 ors offer that		1 (hey		street address)	reneral Hosp	120 USUAY OCCUPATIO	ON () 12b. KIND OF BUSINESS OR INDUSTRY
AND 21	1	AL RESIDENCE WHURE A SOLITATE AND LOCALIST	INSTITUTION, GIVER/SIDENCE	TOWN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	Hope Drive
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours system and completing in by opers. Pages 1 and 2 hourd the fill wol. 11, the medical examination in the fill with the medical examination in the fill woll.		John R			15 MOTHER'S MAIDEN NO.	ret A	Martin
be execution and control for medical		NAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) IF YES, GIVE Y	NAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDRES	
		18 CAUSE OF DEATH 'Enter only PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (a)	spirat seouence of	ing dishes	rs ota	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 hours 2 hours
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. ING PHYSICIAN. The law requires that the death certific attending physicion. After this certificate has been signed by the attending pass the buriol-transit permit. Then please remove carban, the and Mental Hygiene prior to buriol, cremation, or remorked or Item 18 shows any injury, or other fraumatic even		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	EOUENCE OF	yeveque		
requires requires to Then plus or to burn, or	TION	PART 2 OTHER SIGNIFICANT CO					
TAL REC	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION		200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
SICIAN The ng physicion certificate hundistronsit tental Hygies them 18 sho	MEDICAL CE	2] a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	HOUR A.M. MONTH	DAY YEAR		RRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
DIVISION DING PHY: or attending After this e as the bu olith and M marked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OI		211. LOCATION STREET	CITY OR TOWN	
prtol TOR: for us of He			ottended the deceased for 12 - 2 view the bady after death.	19_80, on	that in (my aur) opinian		te and hour and from the couses stated
PITAL OR A by the host rERAL DIRECT Stote Dept.		David K. V	Willen, M.	Δ		DIRECTOR PHYSICI	
TO HOSPITAL refained by the TO FUNERAL should be det with the Store		David R.	Miller,	Md.	Montgomer	4 Ten a	luspital olney nd,
40.2 BP	H	sp. disposal	12-24-80	23t. NAME OF CE	METERY OR ENEMATORY	CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 1/76	24. F	UNERAL DIRECTOR NAME	ACCRE	SS	250 DA	AN 1 4 1981	SE REGISTRAR'S SUBMETURE



ONO Paratition with

3	1.	FOR - STATE REGISTRAR	DEPAR		ELALTH AND MENTAL HYC	GIENE 8 O	3	2 6	12
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH (DAY YEAR	26 HOUR
4 45		Ver	onica C.	N	lataja	A - 1815	12 -	29 80	12:35 AN
1 4 4	1 SE		4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female	Caucasian	June	25° 1900	80	YRS	MONTHS DAYS	HOURS MIN
	B	IRTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY	OR COUNTY		MD
. 119	21	ockville	Collingswood	NUTS	or other institution	12a USUAL OCCUPAT ITYPE OF WORK FOR MOST Housew	TON OF WORKING LIFE	12h KIND C INDUSTRY	F BUSINESS OR
MARYLAND 2120 ed within 24 hours ond 2 should be it	130	AL RESIDENCE HE NURSING HOME OF STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEF TY TROCKV	ORE ADMISSION)	13d INSIDE CITY LIMITS? YES A NO	39912"H			e 118
MARYL, makerely ond 2 sk	14 F/	ATHER'S NAME	MIDDLE Keene		15 MOTHER'S MAIDEN NA LIZZIO	ME MIDDLE	(1	Unknow	n)
BALTIMORE, cote be execut to pers. Pages 1 val. val.		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) I IF YES, GIV	E WAR OR DATEST		17 INFORMANT A Charlott	ADDR			ox 779
PRESTON ST., BAL he death certificate he attending physici emove corbon paper emove corbon paper emove corbon paper emove corbon paper emovel.		4140 IMMEDIA	nly one cause per line for (a), (b), ED BY ITE CAUSE (a) A CONSEO DUE TO, OR AS A CONSEO	LORC	leratic h	eart lles	easl	APPROX. BETWEEN	IMATE INTERVAL ONSET AND DEATH
es that i ned by t please r urial, cre	7	Conditions, if ony, which gave rise to immediate cause 101, stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO		NOT RELATED TO THE TERM	VINAL DISEASE OR COM	ADITION GIVI	EN IN PART 10	01
DIVISION OF VITAL RECORDS, NG PHYSICIAN. The low requir otherding physician. (for this certificate has been signs than the burd-transit permit. Then the and Method Hygiene prior to be orked or them 18 shows ony injury	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b IF YES IN CERTIFY YES	, WERE FINDIN YING CAUSES	NGS USED OF DEATH?
JOF VITA JOF VITA SICIAN. Ti g physicia g physicia riol-tronsit front 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PA	ART) OR PART 2]	
IVISION JG PHYS Offendin Ter this of the but the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE	E, FARM, ETC.]	211 LOCATION STREET	emorp		COUNTY	STATE
ATTENDI or spirol or CTOR: A for use of Heal	1	220 I certify that (I) (the help saw the deceased of the obove, (1) (we) (did)	attended the deceased from	800	nd that in (ay) our apprion	death accurred in the d	late and hour	and from the	that (ww)lost couses stored
TAL OR A y the ho y the ho detoched detoched Tote Dept		Myron of	Seupon		DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSI		12/2	9/90
HOSPI bined b FUNE buld be but the S		MYRIN L.	LEWKIN		22e ADDRESS 230 WH	CATON	MD.	ELD	140
0000BP	(Burial, Cremation, Removal Burial	12/31/1980	Arli	emetery or crematory agton Nat.Co		-	COUNTY	Va.
DHMH - 16 60M 1/75 (VR A 15 (4))	24. F	NAME NAME	is F.H. ADDRESS I	Mt.Rai Md.	nier, fina	5 1981	256 REGISTI	RAR'S SIGNAT	URE

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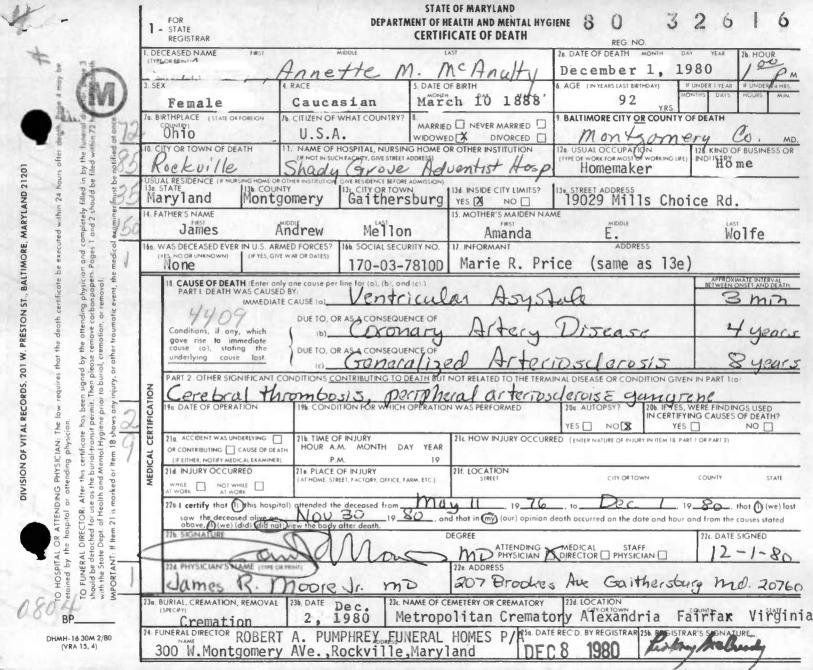
FOR - STATE

REGISTRAR

STATE OF MARYLAND 3 2 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		CEASED NAME	FIRST	N	AIDDLE	l.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	[TYPE	OR PRINT)	Gentry		Heard	Matt:	ingly	Dec	ember 5,	1980	1 P M
	3. SEX	X		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY] IF UN	DERTYEAR	IF UNDER 24 HRS
		Male		Whi		Dec	10, 1887	92	YRS.	DAYS	HOURS MIN
Fry		RTHPLACE (STATE	OR FOREIGN	TO CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	PEATH	
11	W	ash., D.		U.S		WIDOWE	DIVORCED [Montgomer			MD.
00		hevy Cha		(IF NOT IN SUCI	HOSPITAL, NURSIN H FACILITY, GIVE STREET / OSEMARY S	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Ret Beam)	F WORKING LIFE) IN	DUSTRY	F BUSINESS OR
35	13a. S	TATE	13b. COUN	1TY	GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
	Ma	ryland	Mont	gomery	Chevy Ch	lase	YES 🔼 NO	3916 Rose	emary St	reet	
-	14. FA	THER'S NAME					15. MOTHER'S MAIDEN NAM		0.7745-55		
50		William	Mi	tchell	Mattin	igly	Lizzie	WIDDLE		Gent	ry
1		VAS DECEASED EN		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE		nator	DC
	(1)	NO OR UNKNOWN	(# YES, GIV	E WAR OR DATES)	220-44-1	.061	William E.	Mattingly,	7628717		
		18 CAUSE OF DE	ATH (Enter on	ly one couse per	line for (a), (b), and	d (c).)				BETWEEN	MATE INTERVAL DISET AND DEATH
		PART I. DEATH	WAS CAUSE	E CAUSE (a)	erely	al.	emboli	sin		10	UK
		14/14/	7		Sale A - U.S.					1	
		Conditions, if	any which	10,00	AS A CONSEQUE	NCE OF	postic h	earl d	seaso	6	un
		gove rise to	immediate	(b)	Diani	700	ZIMOCC /	2001 00			7 1
	1	couse (a), st underlying co	oting the	DUE TO, OR	R AS A CONSEQUE	NCEOF					
				(c)							
	N	PART 2. OTHER S	IGNIFICANT (CONDITIONS <u>CC</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN	PART 10	, 1
-	ATIC	19a DATE OF OPE	RATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	28g AUTOPSY?	20b. IF YES, WE	RE FINDIN	IGS USED
2	CERTIFICATION			A FLETS				YES MOK	IN CERTIFYING		
G	CER	21a. ACCIDENT WAS		21b. TIME OF	FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY OCCURR			OR PART 2)	
	AL	OR CONTRIBUTING		1111		Y YEAR					
	MEDICAL	21d. INJURY OCC		21e. PLACE C		- 17	ZIE LOCATION				-
	ME	WHILE NO	T WHILE	(AT HOME, STRE	EET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TO	WN C	YINUO	STATE
		220.1 certify that	WORK		description of the second	Ori	m / 78	100	5.50	30	
				De C		8,01	nd that in (my) (our) apinion d	eoth occurred on the de	ate and havr and		that (I) (we) last couses stated
		276. SIGNATURE	e) (ola) (ala no	i) view the body i	offer death.		DEGREE			22c. DATE	SIGNED
		Jose	SADE	3Kunia			ATTENDING PHYSICIAN	MEDICAL STAI	FF IAN [12/	5/80
1		220. PHYSICIAN'S	NAME (TYPE O	R PRINT)			22e ADDRESS		7		
		Joseph	King				6000 Wiscons	in Ave. Ch	evy Chas	e, Md	l.
		URIAL, CREMATIC	N, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(Buri	al	12/9/	80	lenwo	ood Cemetery	Washing	ton, D.C		STATE
	24. FL	NERAL DIRECTOR	Josen		r's Sons,			RECTO. BY REGISTRAR	25b. REGISTRAR'S	SIGNATI	URE
	51	30 Wisco	nsin A	re., NW, W	ashingtor	n,D.C.	20016	PTT 1300	Luchal	18 h	rucy

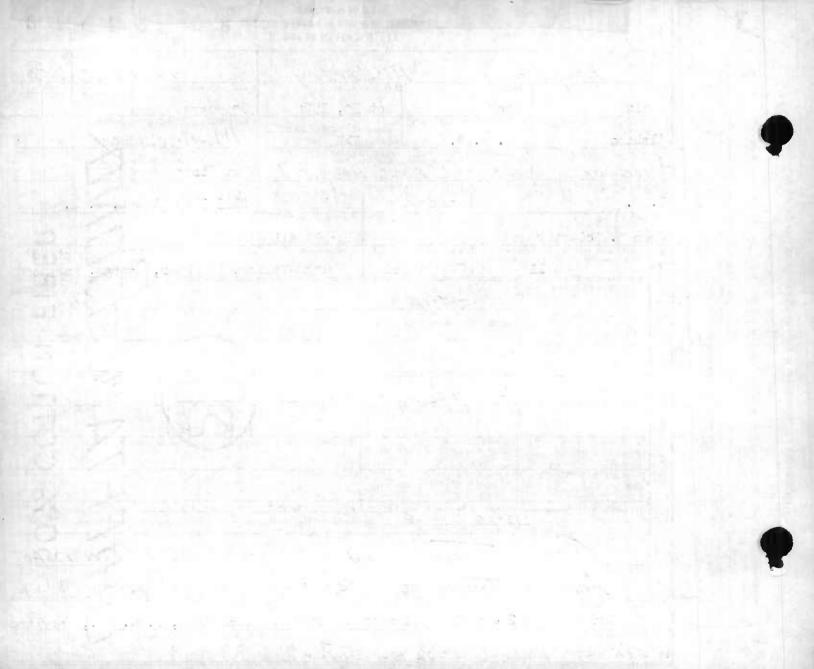
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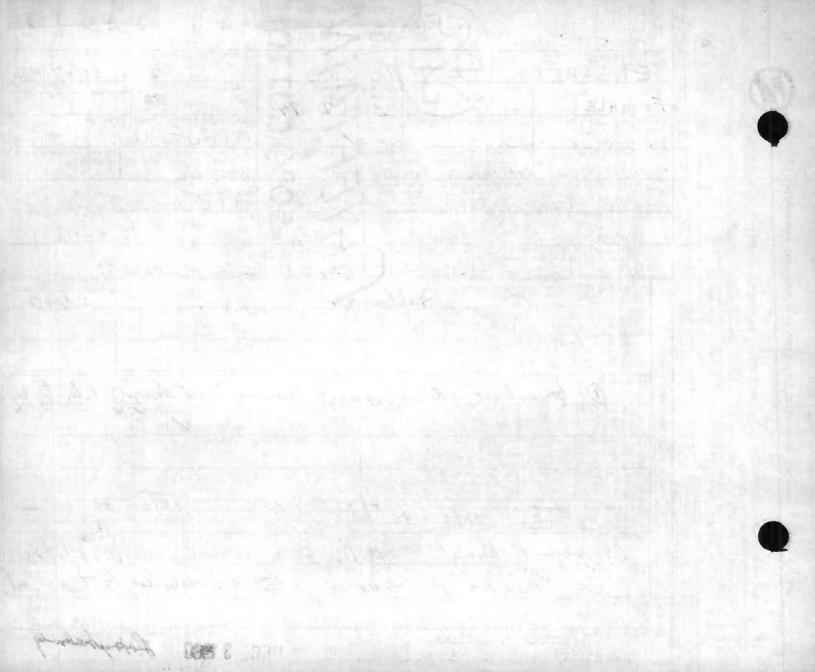


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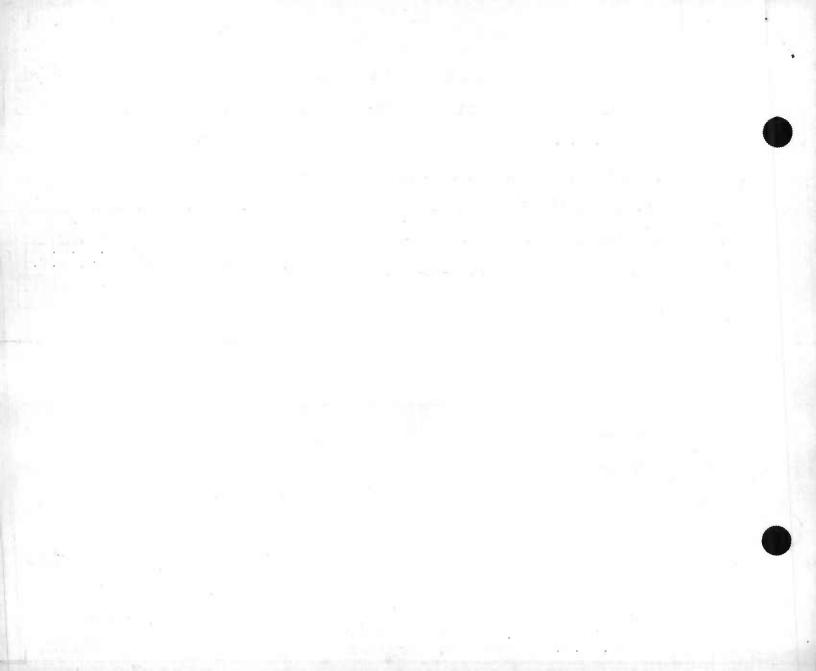
	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	3	2 6	17
		EASED NAME FIRST	Susie tee	Susie.		CATEE	December		1980	26 HOUR 11:45
3	SEX	Female	4 RACE	hite	S. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	
83"		THPLACE ISTATE OF FOREIGN	76 CITIZENO	F WHAT COUNTRY?	MARRIEI WIDOWE	DI NEVER MARRIED	Montgome		OF DEATH	٨
19	0 CI	Olney				ROTHER INSTITUTION 1 Hospital	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIF	ION DE WORKING LIE	126 KIND INDUSTRY	OF BUSINESS O
35	3a S	aryland Mo	ome or other institution county ontgomery	IS CITY OR TOV	VN	YES NO	13e STREET ADDRESS 19301	Goshen	Rd.	
150		HER'S NAME Frank	WIGDLE	Sawag		15 MOTHER'S MAIDEN NA/ FIRST Martha	Virgin		Ba	lenge
		AS DECEASED EVER IN U.S. S. NO OR UNKNOWN) (IF YES	S. ARMED FORCES? (S. GIVE WAR OR CATES)	218-30-		Charles J.	Savage,	Item 1	-	XIMATE INTERVAL
	NOI	Conditions, if any, whice gave rise to immediate couse io stating the underlying cause los	DUE TO,	OR AS A CONSEOU		NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIV	EN IN PART 1	10
2	CERTIFICATION	90 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIF	, WERE FIND YING CAUSE S	INGS USED S OF DEATH?
100		? In. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C (IF EITHER, NOTIFY MEDICAL EXAM	OF DEATH HOUR	of Injury A.M. Month D P.M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18, P.	ART 1 OR PART 2)	
	MEDICAL	WHILE NOT WHILE AT WORK	LAT MOME S	E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		sow the decimal live above, (1)	hospital attended ve on lid not view the boo	the deceased from 2 19		id that in (my) Our apinion (deoth occurred on the d	ote and hau	_	
		221 PHYSICIAN'S NAME (1	TYPE OR PRINT)	l l	ED	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF CIAN 🗗	19/1	13/80
			Lodmell	M.D.		18111 Princ	e Phillip I	Dr., 0	lney,	Md.
1	2 5	JRIAL, CREMATION, REMO		Van		EMETERY OR CREMATORY	23d. LOCATION			

Designed to the control of the second of the 1914 Serie, 1916 Series Series 11 s, 1918 14.5 Min J. address to ..., forther, but.





STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

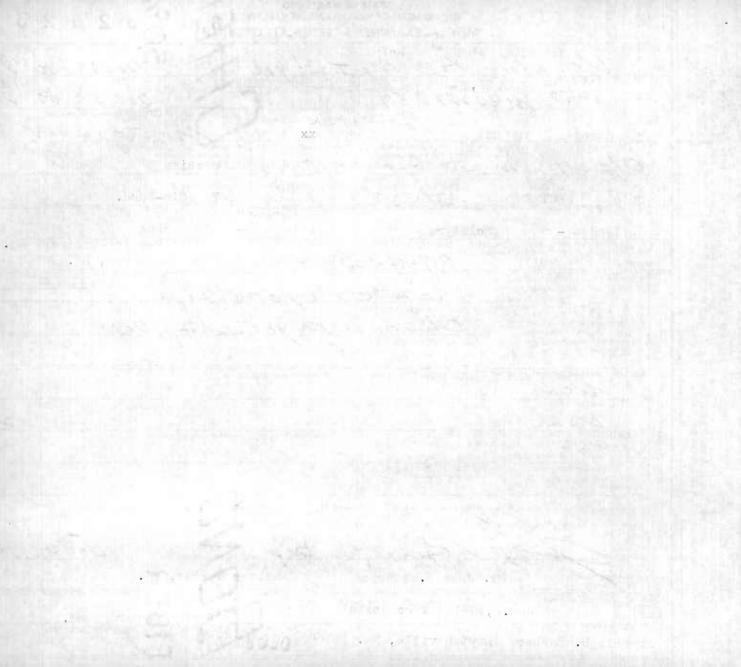


. 10		1 -	FOR STATE REGISTRAR	DI		OF HEALTH AND MENTAL HY TIFICATE OF DEATH	GIENE 8 U S	2621
-			CEASED NAME FIRST	MIDDLE		tAST	28. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
2 100		(TYPE	Boyd	F.		McCreary	Dec. 30, 198	30 1:55 PM
2 183	571	3. SE		4 RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
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¥ ¥ p ≥ q × ×	5	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION	CITY OR TOWN	COUNTY STATE
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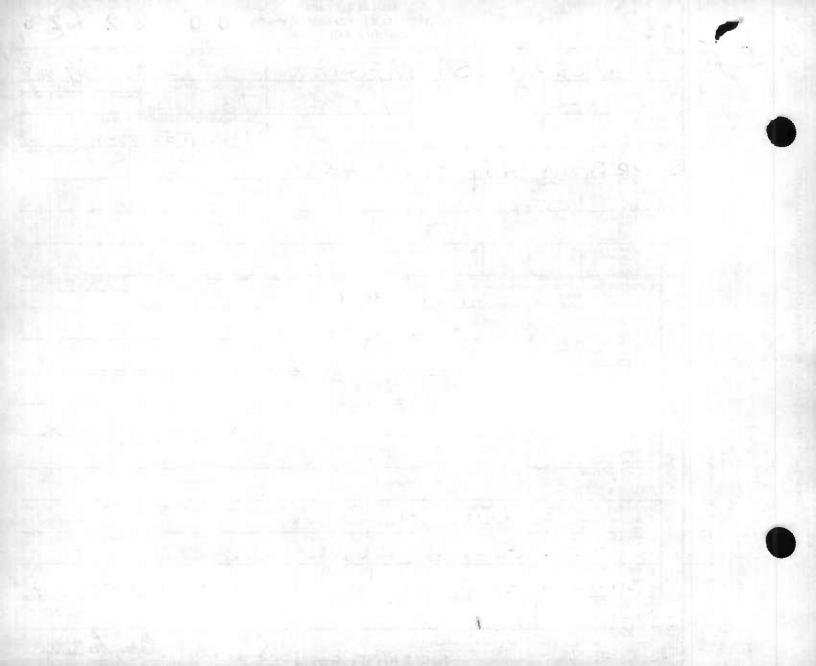
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 20. DATE KNOWN VERNON ALBERT Mc INTYRE TYPE OR PRINTI DEATH MATED Crzon SEX Male DATE LAST BIRTHDAY RONOUNCED whi to TO BIRTHPLACE (STATE OR EVER MARRIED MARRIED FOREIGN COUNTRY) WIDOWED XX DIVORCED L USA North Carolina IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Musician Music 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a STATE 131 COUNTY Cin-DaRd. BUTLER MIDDLETOWN YES X NO D 6471 Ohio 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME SIRST Sans Lula McIntvre Leland 8214 MEWkins Creamery Rd. 17. INFORMANT 166. SOCIAL SECURITY NO 6n WAS DECEASED EVER IN U.S. ARMED FORCES? I (IF YES, GIVE WAR OR DATES) Mary Christian Gaithersburg, Md. 20760 WWII ves 18. CAUSE OF DEATH (Enter only one couse per line for (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH IF LOCATION 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN WHILE AT WORK TO AT WORK Inspection 220. I certify that I took charge of the remains described above, held on and in my opinion death resulted from: Natural causes Suicide Hamicide L Undetermined manner Accident TITLE (SPECIFY) DATE/20029/980 MEDICAL EXAMINER Silver Spring, Md. Dr. John S. Rogers AFO 130 NAME OF CEMETERY OF CREMATORY
True Gospel 23d. LOCATION Jan. 2, 1981 Burial Lisbon Howard BP 250. DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR **DHMH - 17** Francis H. Barber Laytonsville, Md. 20760 VR A15 ME (5) 15M 7/76



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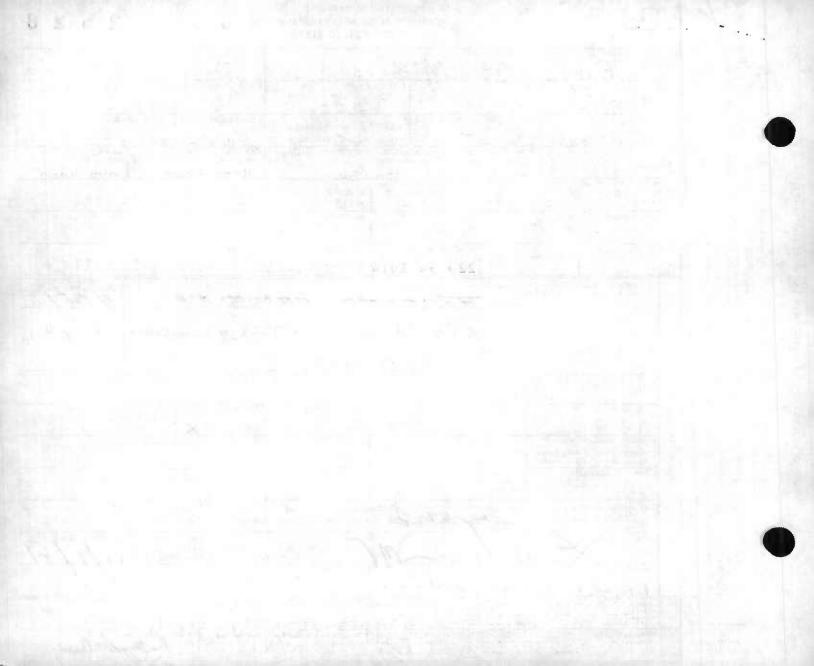


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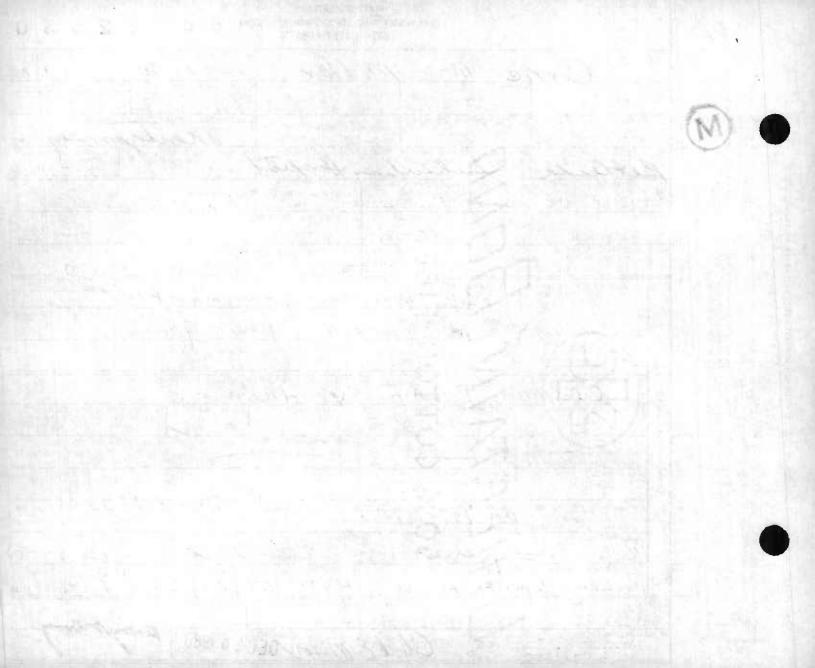
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(VRA 15, 4) 1/79



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 23 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) Miller Bertha Elizabeth December 11. 1980 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5. DATE OF BIRTH MONTH 1890 Female Oct. To BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania WIDOWED D Montgomeryco 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION Homemaker INDUSTRY Home DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Maryland 13e STREET ADDRESS 14 FATHER'S NAME MOTHER'S MAIDEN NAME MIDDLE FIRST Emma Miller K . Robert Silver 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 347 Scott Dr. Miller(son) (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Maryland 20904 209-30pring. CAUSE OF DEATH (Enter only one couse per line far (a), (b) and PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 9 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NXX YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL -lou (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a. | certify that (1) (this hospital) attended the deceased from 1980 Nec 11 saw the deceased alive on. , and that in (my) (our) opinion death occurred on the date and haur and from the causes stated obove, (t) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22r. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN PORTANT 22e ADDRESS UNIVERSITY BLUD E, SILVER SPRING MU DERWARD 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236. DATE 1980 Burial BP Plum Creek Cemetery Plumboro, Allegheny, Pa. December 15 24 FUNERAL DIRECTOR Bethesda, Maryland BY REGISTRAR 25b. REGISTRAR'S SAGNATURE DHMH - 16 60M 1/75 (VR A 15 (4)) Robert A. Pumphrey Funeral Homes, P.A.

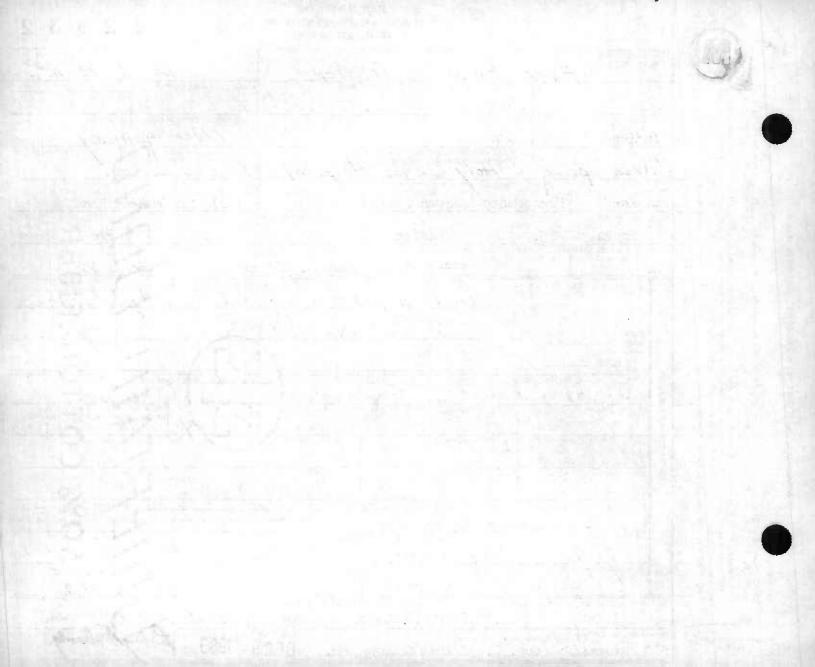
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Ho mes, P.A. Bethesda, Maryland

(VRA 15, 4)

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	1-	FOR STATE REGISTRAR			HEALTH AND MENTAL I	AYGIENE B O	3 2	6 3 3
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± ±		226. SIGNATURE	1106	MX	DEGREE	GA -MEDICAL STA		22¢ DATE SIGNED
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/80	24. FL	INERAL DIRECTOR	. /	AOORESS	25a. I	DATE REC'D. BY REGISTRAN	25b. RECISTRAR	SSIGNATURE
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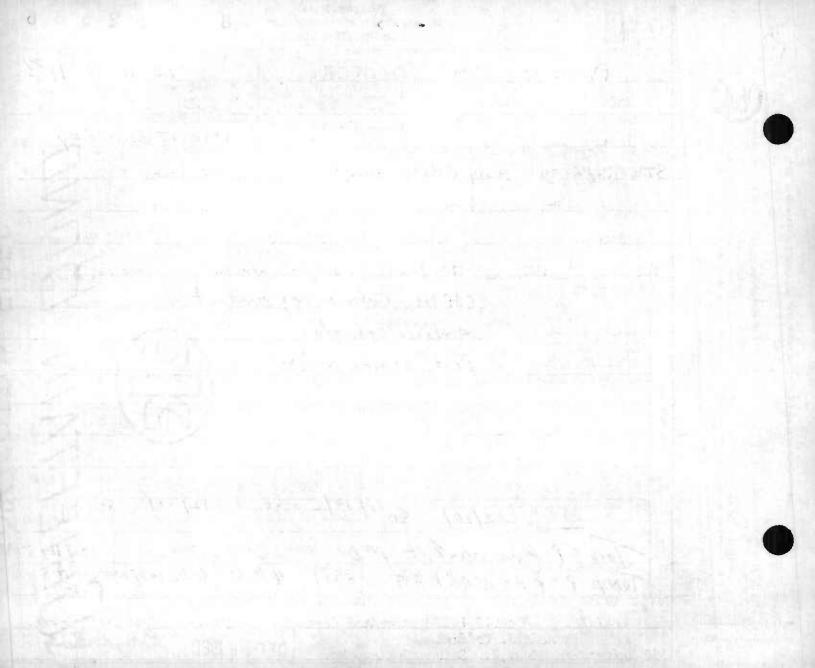
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH 2b HOUR CTYPE OR PRINTE December A AGE LIN YEARS LAST BIRTHDAY) 3. SEX 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH Male Caucasian January 06 To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED United States WIDOWED ST Massachusetts DIVORCED [Montgomery County. 10 CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFEL INDUSTRY Owner & Operator Restaurant GIVE RESIDENCE BEFORE ADMISSION) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION LIJY COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Kenilworth Ave Illinois Cool 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Ellis Milner Richard Margaret ADDRESS IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT 19621 Brassie Place Mrs. Woodman Gaithersburg 577-01-8271 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o compostive tailor DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES [NO [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 (HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 22a.1 certify that (N (this hospital) attended the deceased from. sow the deceased alive on_ and that in (my) (our) opinion dooth occurred an the date and haur and from the causes stated above, (M (we) (did) (did not) view the body after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING DIRECTOR | PHYSICIAN FUNERAL MPORTANT: PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINTS 22e ADDRESS ld b 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Desembero CITY OR TOWN Burial BP. Cemetery, Skokie, Illinoi Memorial Park 24. FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256, REGISTRAR Robert A. Pumphaey Funeral DHMH-16 30M 2/80 (VRA 15, 4) P.A. Bethesda, Maryland Homes ...

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		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
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ter o	3. SE	х	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
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of with	10. 0	ROR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION EET ADDRESS)	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF YORKIN	Oncelación
ben ben	USU		OR OTHER INSTITUTION, GIVE RESIDENCE BEF		Secretary	Systems
must must		ryland Prin	ce Geo. Belts		3806 Calver	ton Boulevard
2 she		ATHER'S NAME		15. MOTHER'S MAIDEN N.	AME	con Boulevard
and and	J	ohn FIRST	Szczepans	ki Julia	MIDDLE	LAST
- /	16a. \	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE		wohter) ADDRESS	Minta
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21 i		sow the deceased alive a	n /V 19 nat) view the body atter death	w/, and that in (my) (our) opinion	n death occurred on the date and	haur and from the causes stated
tem them		221 SIGNATURE	u,	DEGREE		22c. DATE SIGNED
# # F	1	Mark	Let	ATTENDING PHYSICIAN	MEDICAL STAFF	12-78/80
A Sto		224 PHYSICIAN'S NAME ITYPE		22e. ADDRESS	2) GANTH
IMPORTANT		MARTIN E	DRAF M.D	13-11 6	DOR PARK	Jany No
, 5	23a.	BURIAL, CREMATION, REMOVA	236. DATE 31, 1980	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
_				Maryhill Cemeter	cy Chicago	Cook Illinoi
/80			rt A. Pumphre	y Funeral		STEAM S SIV NATURE 164
	H	mes P.A. Bei	thesda, Maryl	and J	AN 2 1981	7

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12			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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1			Vomin	والمنافذ	MONTERO	12 1	IF UNDER 1 YEAR IF UNDER 24 HRS
(Will)		3. SE	x male	white	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
-	41	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	Jan. 13, 1918	9 BALTIMORE CITY OR COUNTY	/ OF DEATH
有 直花 17	July 7	1	COUNTRY)		MARRIED NEVER MARRIED	MONTGO	
4 11	Po	10 C	ITY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED DIVORCED	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
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rthin thin 2 sh	nine		ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		
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od co	Medicol		VAS DECEASED EVER IN U.S. AR			Q. ADDRESS	THE COLUMN TO TH
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the horizon to che		É	1276 SIGNATURE	Kannaskat		MEDICAL STAFF DIRECTOR PHYSICIAN	12/11/80
TO HOSPITAL etoined by 11 TO FUNERAL should be det	MPORTANT		TONY P. K	ANNARKA	T 8201 16	th st silverst	20910
56 123	2		BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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		50	O University Bl	vd. W. Silver:	Spring, Md. 1UE	0 ± 0 1000	



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	REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO.								5 %	20	3	1
	CEASED NAME	FIRST		WIDDLE		LAST		2a. DATE		MON.	TH DAY	YEAR	26. HOUF
(TYP	E OR PRINT)	Wan	da	G.	M	oore:	- ·	OF DEATH	ESTI- MATED	<u> </u>	21	1980	
3. SEX	4. F	RACE	S. DATE OF BIRTH	In AGE	IN YEARS IF UN	DER 1 YR. IF UN		2c. DATE	655	MONT	H DAY	YEAR	2d HOUR
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70 BI	RTHPLACE (STATE	OR	76. CITIZEN OF WE		8. MARRII	ED NEVER M	ARRIED	9. BALTIM		-			
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	Rockville		Shad on other institution, give	y Grove F		1	0/1	empro	yeu				
13a. S		Monto	TY	Rockvil	VN	13d. INSIDE CITY LIMIT YES NO	13e STR	4 Fre	deri	ck Av	re. A	pt. #	6
14. F/	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S M	AIDEN NAME	_ MI	DDLE			LAST	
		Arthur I	Wade			11.000	Carrie	Tins	ley				
16a. V	VAS DECEASED E		MED FORCES? WAR OR DATES)	166. SOCIAL SEC		17. INFORMANT	D16-	100	ALPO	TI NE	elson	Stre	eet
	No					Arthur T	. Blal	1. (2)	ster) KC	ckvi		
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	gove rise to immediate couse (a) stating the <u>under-lying cause last.</u> (b) DUE TO, OR AS A CONSEQUENCE OF (c)												
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Ī								11 (5)				YES KIX	NO [
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Σ	WHILE AT WORK	T WORK	3,,,,,,,	Sant, FARM, ETC.)				CITI ON TO			5501111		417374
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	death resulted	rom: / for	t couses XX	Accident,	Suicide	, Hamicide	Undet	ermined ma	onner _].			
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1	SIGNATURE	1/10			M	Assist	ant_MED	ICAL EXAM	INER	SK	TE SNED	12/22	/80
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-{:	URIAL, CREMATIC SPECIFY) Tran	N, REMOVAL S	12-23-80	23c NAME O	FCEMETERY O Mortua	R CREMATORY	23d. LC CITY	CATION ORTOWN Knoxvi	11e,	Ten	n.	ST	
24 F	URIAL, CREMATIC SPECIFY) Tran	N, REMOVAL SIT	12-23-80	23c NAME O Unity ashington	Mortual Street	R CREMATORY	23d. LC CITY	OCATION	11e,		n.		

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FOR - STATE CERTIFICATE OF DEATH REGISTRAR

4 RACE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Mullinix

5. DATE OF BIRTH

MONTH

Aug.

REG NO 20 DATE OF DEATH MONTH 04 80 6:30AM & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR 9 BALTIMORE CITY OR COUNTY OF DEATH

Male White BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? USA Maryland

Addison

15 MARRIED NEVER MARRIED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

1899

NO X

15 MOTHER'S MAIDEN NAME FIRST

Montgomery 120 USUAL OCCUPATION Ford Dealer

2409 Daisy Road

12b. KIND OF BUSINESS OR INDUSTRY Auto

Mullinix

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 4 FATHER'S NAME

Addison

(YES NO OR LINKNOWN)

No

CERTIFICATION

MEDICAL

80

16g. WAS DECEASED EVER IN U.S. ARMED FORCES?

IN CITY OF TOWN OF DEATH

Olney

DECEASED NAME

(TYPE OR PRINT)

3. SEX

Howard Woodbine E.

Mullinix 16h SOCIAL SECURITY NO

218-32-4608

13c. CITY OR TOWN

Montgomery Gen. Hospital

Robey

Laura 17 INFORMANT

13d INSIDE CITY LIMITS?

MIDDLE

13e. STREET ADDRESS

ADDRESS Mildred M. Mullinix Item 13

CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY Conditions, if ony, which gave rise to immediate cause 101, stating the

(IF YES, GIVE WAR OR DATES)

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

90 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

CITY OR TOWN

20n AUTOPSY?

NO

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

YES [

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE

NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from.

21d INJURY OCCURRED

underlying cause

and that in (my) (pur) opinion death accurred on the date and hour and from the causes stated

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

Frederick Moomau, M.D.

saw the deceased alive an abaye, (I) (we) (did not) view the body after death

22e ADDRESS

18111 Prince Phillip Dr., Olney, Md.

Burial

24. FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL

Mt. Carmel

23c. NAME OF CEMETERY OR CREMATORY

Sunshine Howard Md.

Olin L. Molesworth, P.A. Damascus, Md.

DHMH - 16 50M 1/76 (VR A 15 (4))

Wite 7th. 15, 1899 Glass series of the first of the Part Bunkley I Auto Margiand Howard Hoodbine . 2109 Daisy Road ... Addition A. E. Wellinks | Louis

Traderict Moran, M.D. 18191 Prince Phillic Dr., Olney, Mc. Burdal 12/7/40 t. Carmel Suprising World Md. .bl . supermad . A. F. ad townston . . . milus

218-12-4600 Milderd '. Mullinis Item 13

whiltley

MIDDLE

- STATE

REGISTRAR DECEASED NAME

Moore 548066 Wiltshire Drive 577 34 0956 Mary C. Griffin Bethesda, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH weeks PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 20h, JE YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated December 809 Viers Mill Road Rockville, Md. St. Barnabas Snow Hill North Carolina 250. DATE REC'D. BY REGISTRAR 256. GISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL DHMH-16 30M 2/80 (VRA 15, 4) HOMES, P.A. ROCKVILLE, MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

2h HOUR

12h KIND OF BUSINESS OR

Home

1980

INDUSTRY

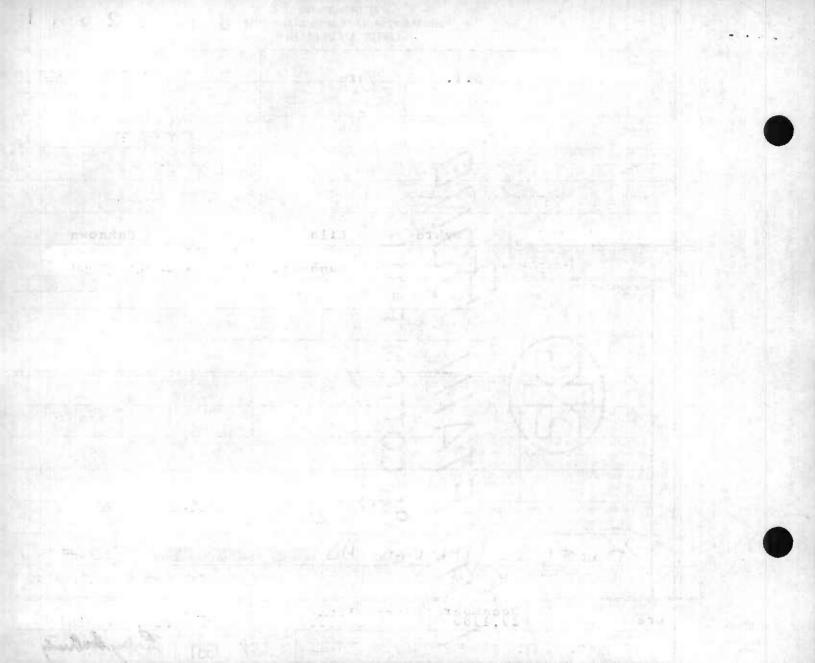
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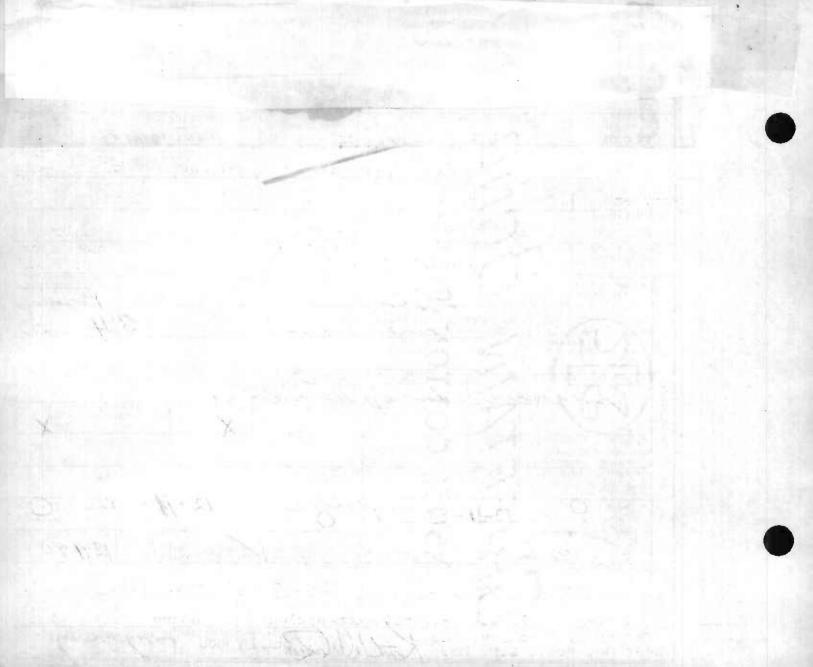
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 29 DATE OF DEATH MONTH DECEASED NAME LAST 2b. HOUR (TYPE OR PRINT) DECEMBER 281 Floyd Myhre 0410 4. RACE 5. DATE OF BIRTH 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) MAIF CAUCASIAN APRIL 21, 1907 O BIRTHPLACE I STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY MARRIED X NEVER MARRIED MONTGOMERY COUNTY MINNESOTA 12.1 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR NNMC BETHESDA NAVAL OFFICER INDUSTRY BETHESDA USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION MONTGOMERY BETHEZDAN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? MARYLAND 8315 NORTH BROOK LN. YESY NOF 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Lila Anthony Myhre Unknown 16g WAS DECEASED EVER IN U.S. ARMED FORCES 66 SOCIAL SECURITY NO 17 INFORMANT 579-48-7378 Jeannette Myhre #13 same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per fine to PART I. DEATH WAS CAUSED BY: COPD CARDIAC DYSARRHYTHMIA, COPD IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NOT 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d INJURY OCCURRED 6 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE VEC - 55 10 AN 220. I certify that (1) (this haspital) attended the deceased from 80 and that in (my (our) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on above, (1) (we) (did) (did not) view the body-after death 22c. DATE SIGNED DEGREE MEDICAL mo our DEC-29 1980 FUNERAL old be deto PHYSICIAN DIRECTOR PHYSICIANX MPORTANT CHIN JR. NATIONAL NAVAL MEDICAL CENTER BETHESDA 23, NAME OF CEMETERY OR CREMATORY Metropolitan Crematory 230. BURIAL, CREMATION, REMOVAL 23 December 29,1980 23d. LOCATION "CILA"US I UPINO Cremation Virginia -Alexandria, 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 15h HE THE

ROBT. A. PUMPHREY FUNERAL HOME BETHESDA

DHMH-16 30M 2/80 (VRA 15, 4)

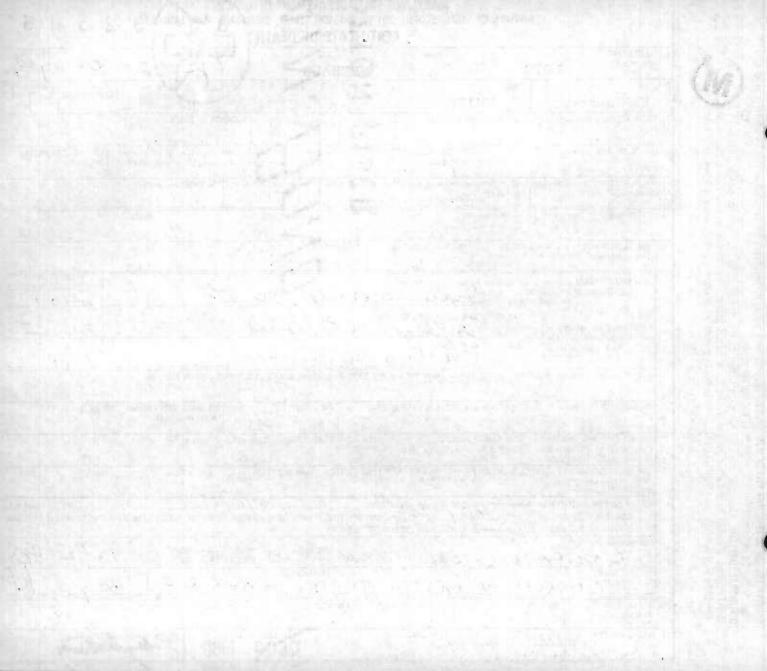


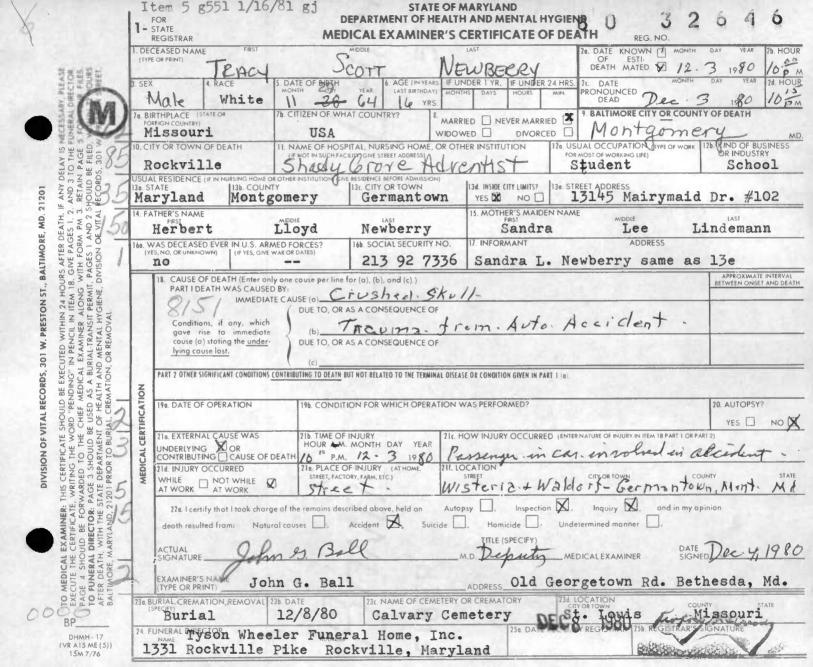
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 21291 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH death. (Type or print) LOTS Month 0. NEUHAUS after SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS 81 st birthday) MONTHS DAYS HOURS FEMALE WHITE Apr. 24, 1899 hours 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED X NEVER MARRIED country) .= WIDOWED [DIVORCED F Maryland
10. CITY OR TOWN OF DEATH filled Montgomeru 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of wark dane the death certificate be executed within 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.)
Secretary remave carban **INDUSTRY** 10421 Lorain Avenue Silver Spring Dont. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Marulano Montaomeru Silver Spriv 10421 Lorain Avenue and in any 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First and Middle Last Oliver Elizabeth please Percu Mary Keller 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Husband Address Yes, na, ar unknawn) (If yes give war or dates of service) ar remayal, 578-01-7455 Neuhaus Paul same as APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial, crematian, Conditions, if any, which gave) burial-transit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) as the priar to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? far use Health YES F NO [Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year 40 (If either, natify medical examiner) P.M. detached State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 220. I certify that (1) (this hospital) attended the deceased from 19 / 0, to ATTENDING directar, page 3 shauld shauld be filed with the 22b. SIGNATURE ATTENDING PHYS. STAFF DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) TEORGIA 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) Fort Lincoln Cemetery Georand Pr. Brontwood 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR Francis J. Collins VR A15 (4) 45M - 1/69 DEC 9 itu Blud Silver Spring.





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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN IX MONTH 2b. HOUR (TYPE OR PRINT) VECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 22 HOURS OF ESTI-11 80 12 BARRY DEATH MATED R. N FDFRRTTFR 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS YEAR 2d H100 IF UNDER DATE LAST BIRTHDAY) PRONOUNCED 80 male white DEAD 14. 1948 YRS 2, AND 3 TO THE FUNERAL D.
3. RETAIN PAGE 5 FOR TO
2 SHOULD BE FILED, WITHING
AL RECORDS, 201 W. PRESTOR 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED XX FOREIGN COUNTRY Montgomery County Pennsylvania United States WIDOWED DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL. NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FACILITY, GIVE STREET ADDRESS SOE THEUSTRY Poolesville Sugarland Employed Engineer RESIDENCE BEFORE ADMISSION 13g. STATE 113h COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Poolesville YES V NO [Sugarland Montgomery 4404 AND 2 ST 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME PAGES 1, ORM PM MIDDLE LAST FIRST MIDDLE LAST Richard Lee Hanlon Niederriter FORM 1779 Redgate Farm Ct. 140 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17. INFORMANT DIVISION (IF YES, GIVE WAR OR DATES) 200-38-1302 Lee H. Niederriter, Rockville, Md. Yes Viet Nam CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MENTAL HYGIENE, N. OR REMOVAL. ALONG Fatty liver IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION, DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. ED AS A E CERTIFICATION USED/ 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? PRIOR TO BURIAL, 9 YES X NO [E 3 SHOULD BE 88 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY OR YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME 71f LOCATION 21d INJURY OCCURRED FORWARDED TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held on and in my apinian Natural causeXX Undetermined manner Hamicide Suicide TITLE (SPECIFY) DATE 12-12-80 Assistant MEDICAL EXAMINER Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME Baltimore, Md. TYPE OR PRINT ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Dec. STATE Cremation 1980 Metropolitan Crem. Alexandria Virginia 24 FUNERAL DIRECTOR ROBERT 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE A. PUMPHREY FUNERAL **DHMH-17** (VR A15 ME (5) HOMES Rockville, Maryland P. A. 15M 2/80

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DHMH-16 30M 2/80 (VRA 15, 4)	24. FI	NAME Olin L. Mo	lesworth,P.	AADDRESS Damasc	us, Md.	R SECO BARDINAS	bratani Vine	7

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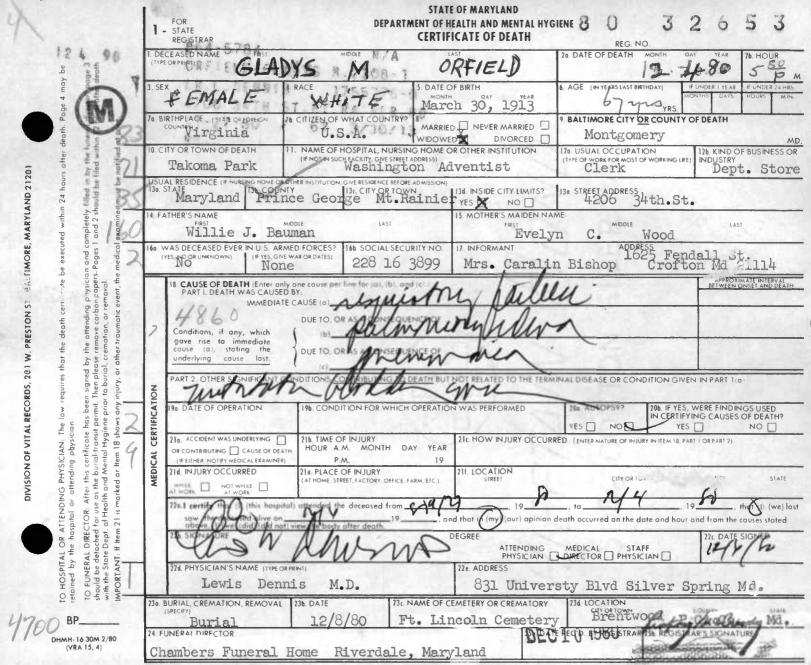
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

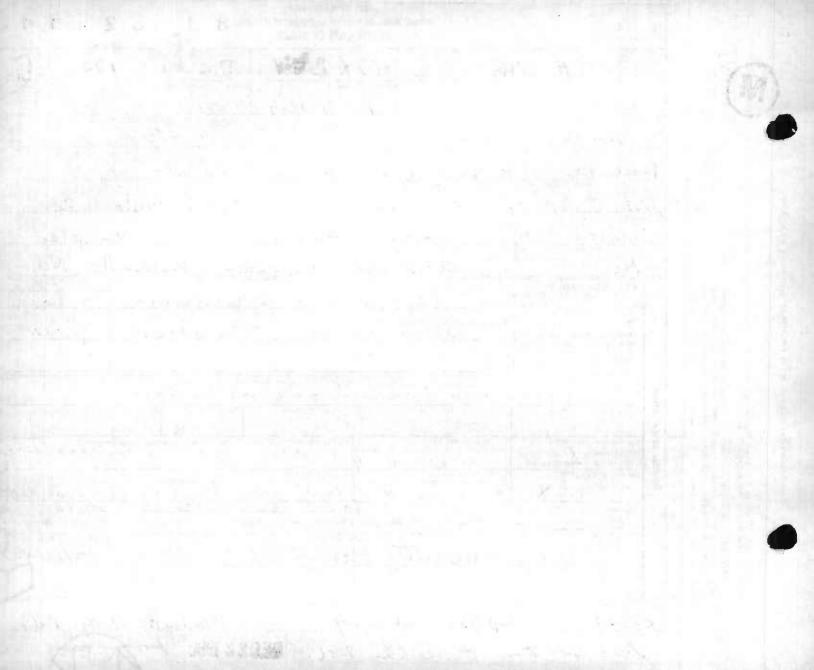
CERTIFICATE OF DEATH

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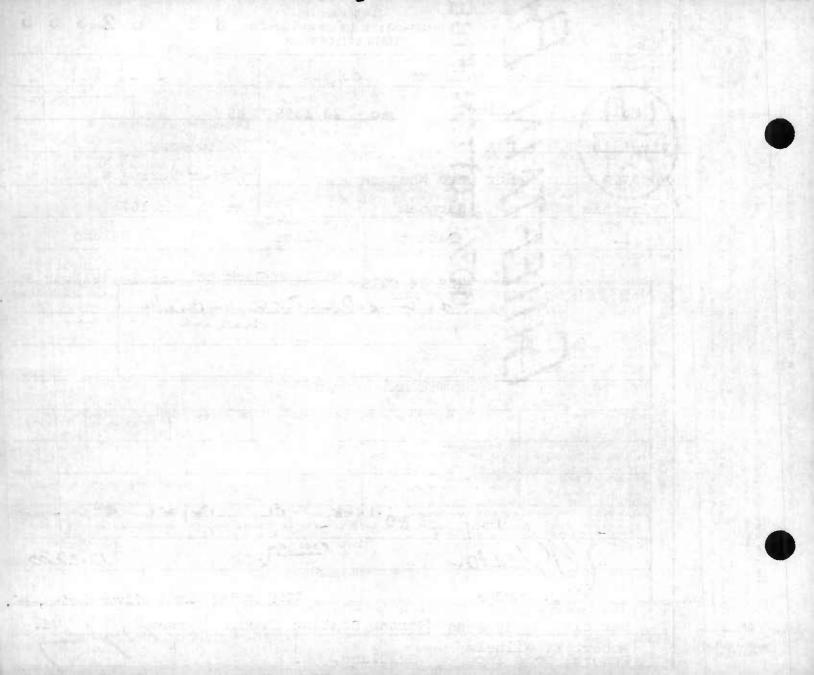


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12	FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 3 2 6 5 4
1	REGISTRAR	CERTIFICATE OF DEATH REG. NO.
	I. DECEASED NAME (TYPE OR PRINT)	MAS OXLEY Dec. 13 1980 10:12M
TAN DE LA	MA/e	ARACE S. DATE OF BIRTH MONTH DAY YEAR White 9/ YRS S. DATE OF BIRTH MONTH DAY 1889 4. AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS HOURS MIN
Death Parent de	70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) MAY AWD	MARRIED NEVER MARRIED
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212	136 STATE 136. C	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) OUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 120 STREET ADDRESS 17321 WILLARD Rd.
MARYLAND ed within 24 mpletely fille and 2 should	Charles	MODIE LAST AND E FIRST MIDDLE WAMPER LAST
TIMORE, MA	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS S. GIVE WAR OR DATES) 218-16-2055 AVS. OXIEY Prolesuile Md.
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the harmonic tracher is the manner of the properties of the proper	22b. SIGNATON	DEGREE ATTENDING & MEDICAL STAFF PHYSICIAN & DIRECTOR PHYSICIAN 12/13/80
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DHMH-16 60M 1/73 (VR A 15 (4))	24. FUNERAL DIRECTOR Chile	L Burrealle nel. DEC 22 1980

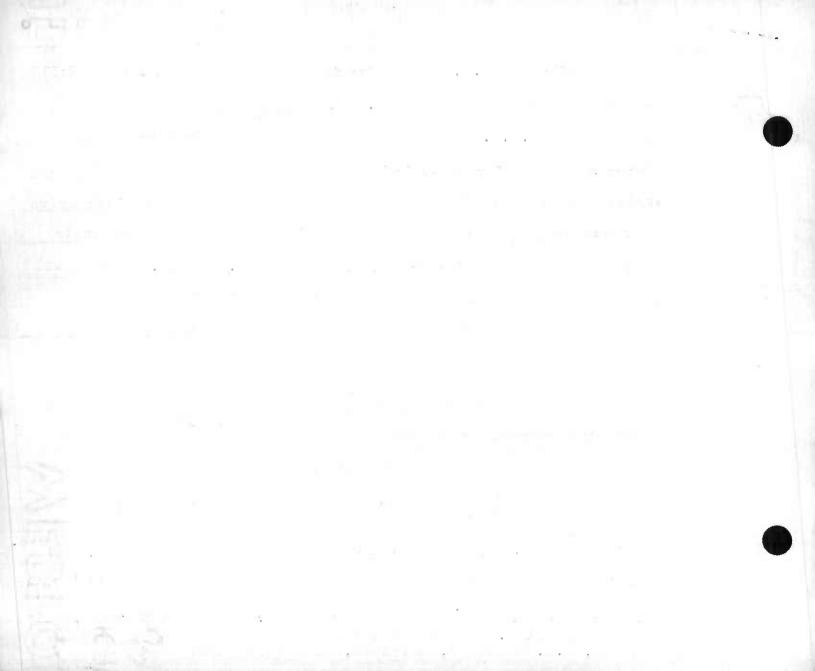


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EIVI)		DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH D	20
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	3	SEX	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
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2 b di	22 1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
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RYLA vithir etely 12 sh	14	FATHER'S NAME	MIDDLE LASI	15. MOTHER'S MAIDEN NA		T2AL
Am b ldm Dig	00		R. Packe	tt Alice	MIDDLE	Delano
e be execut cion ond ca ers. Pages 1 I.	3"	(# YES, NO OR UNKNOWN)	RMED FORCES? 16b SOCIAL SECTIVE WAR OR DATES)	URITY NO. 17. INFORMANT COLD William		Finecrest
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours of ontending physician. Where this certificate has been signed by the ottending physician and campletely filled in by as the buriol-transit permit. Then please remave corban papers, Pages 1 and 2 should be fill the and Mental Hygiene prior to buriol, cremation, ar remaval. orked or them 18 shaws only injury, or other troumatic event, the medical exeminer must be not account.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		
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TEND folio OR. A or use f Heal		saw the deceased alive a	oital) attended the deceased from	134	death occurred an the date and hour	9 , that + (we) last and from the causes stated
PITAL OR ATT by the hospin ERAL DIRECT e detoched fo Store Dept of		77h. SIGNATUR	Sslow	DEGREE CALLAGE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12.29.80
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DHMH-16 30M 2/80 (VRA 15, 4)		Robert E. Funeral Ho	Wilhelm ADDRESS	Suitland, Md	THE D. DI REGISTRAN 23B. REGISTR	AR SIGNATURE



(VRA 15, 4) 7/7B

STATE OF MARYLAND



- STATE

DHMH-16 30M 2/80 (VRA 15, 4)

REGISTRAR

MONT GOMERU 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 6928 McLean Park Manor Court LAST Kana same as 13 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF

PHYSICIAN DIRECTOR PHYSICIAN Dec. 10.1980 Norbeck Memorial Park Olney 24 FUNERAL DIRECTOR Francis J. Collins, DORESS REGISTRAR 256, REGISTRAR'S SIGNATURE 500 University Blvd. W. Silver Spring. Mc.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

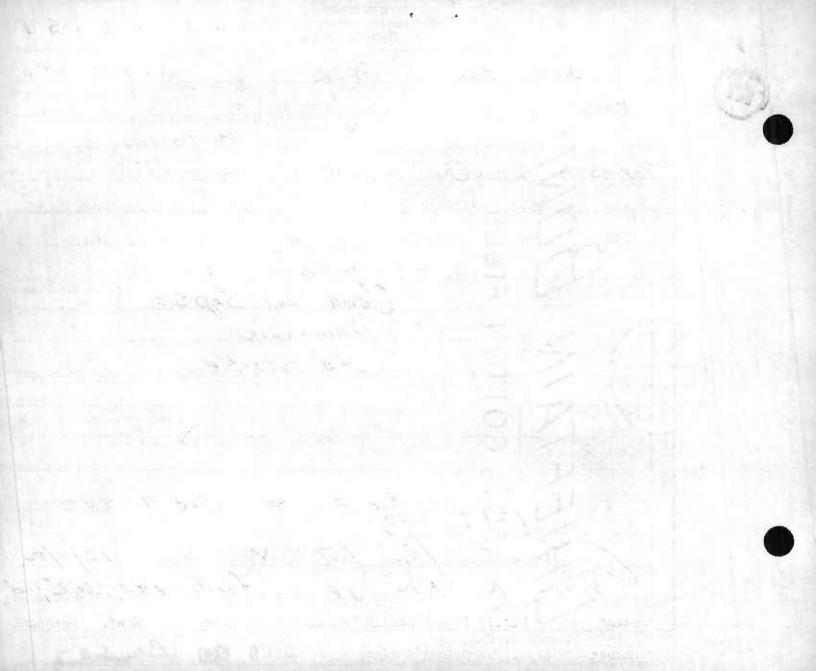
CERTIFICATE OF DEATH

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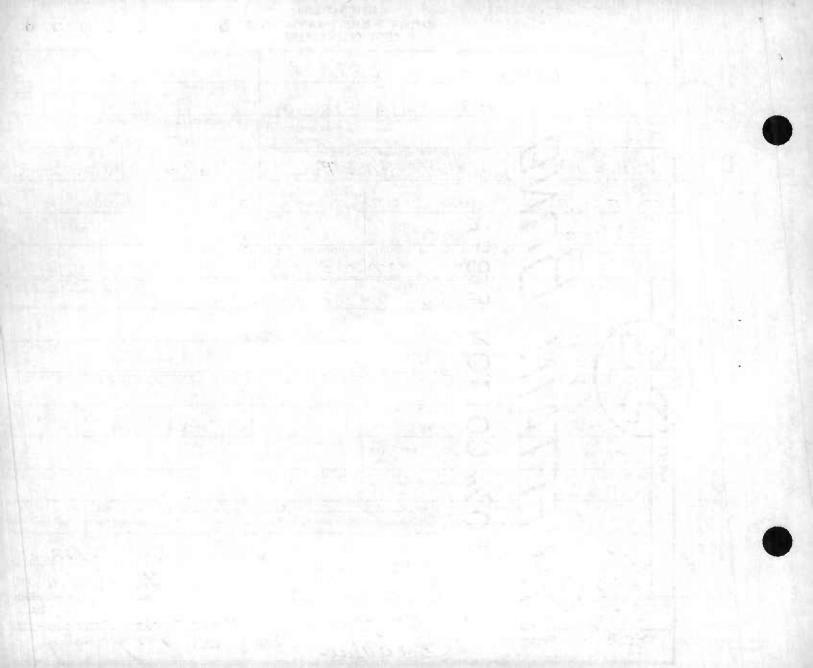
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE | - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME (TYPE OR PRINT) 80 Luzzetta Parsons 31 IF UNDER 1 YEAR 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH female caucasian 1896 March 70 BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington.D.C. WIDOWED X DIVORCED | Montgomery 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville Collingswood Nursing Center Homemaker none 136 COUNTY 13e STREET ADDRESS 113d. INSIDE CITY LIMITS? Rockville 199 Rollins Ave. Maryland Montgomery YES X NO F 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Marion Burrows Gertrude Leamon **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Arlington Virginia (IF YES, GIVE WAR OR DATES) 220-44-8641 Camille B. Neill 2355 N. Quantico St., no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY 11 VU 7-1-1 IMMEDIATE CAUSE (o DIVISION OF VITAL RECORDS, 201 W. PRESTON ST QOVS ACTATIOS Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO I 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY OFFICE FARM, ETC) NOT WHILE 27a. I certify that (Wins haspital) attended the deceased from 10 Jan 30 1980 sow the deceased alive on_ _, and that in ((our) apinion death occurred on the date and hour and from the causes stated obove (I) we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING DIRECTOR PHYSICIAN should be det with the Stote IMPORTANT: PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) ELLOGG 236. DATE 981 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL Burial January 5 Rockville Cemetery Rockville Montgomery Maryland 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes P/A33A DHMH-16 30M 2/80 (VRA 15, 4) 300 W. Montgomery Ave., Rockville, Md. 20850

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英國 开始的 1	male white	5. DATE OF BIRTH	27,1975 5 yrs.	UNDER 1 YR. IF UNDER 2	24 HRS. 2c DATE MIN. PRONOUNCED DEAD	12 1	L 80	p w
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	Maryland Mon	t gomery	ROCKVIIIe		1612 Marsha	all Ave.		
51	ATTred	MIDDLE E.	Passarelli	Glenys	MIDDLE		Taylor	
160	(YES, NO, OR UNKNOWN) NO (IF YES, G	ARMED FORCES? IVE WAR OR DATES)	none	Alfred E.	Passarelli	(same as	13e)	
TE DEPARTMENT OF HEALTH AND MENTAL HYGE ZOT PRIÇAT TO BURIAL, CREMATION, OR REMOVA MEDICAL CERTIFICATION		ch (b)	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF	ASE OR COMOITION GIVEN IN PART	I 1 (a).			
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TER DEA		rgarita A.	. Korell, M.D.	111 P		3101110		
MH-17	BURIAL, CREMATION, REMOVA (SPECIFY Burial) FUNERAL DIRECTOR RODE **300 West Mont	December ert A. Pum	O Gate of Heaphrey Funeral H 5.,Rockville,Ma	or CREMATORY Ven Cemetery Omes PVA PARA	23d LOCATION CITY OR TOWN Silver Spr CCD. By REGISTRAR 1231	ing Monto	Mary Mary	land
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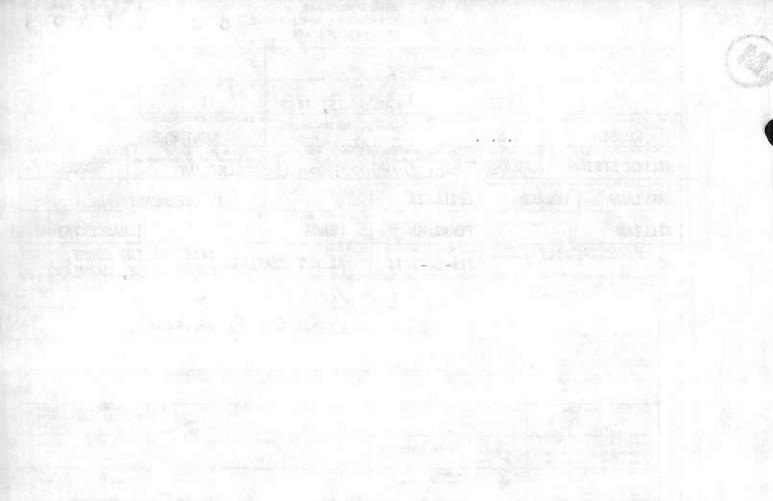
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ND THE 24 hour filled in filled in	ould be		ARILAND _	nome or other institute couptx	13CCITYORT	OWN .	H34 INSIDE CITY L		se STREET ADDRESS 8909 Lough			
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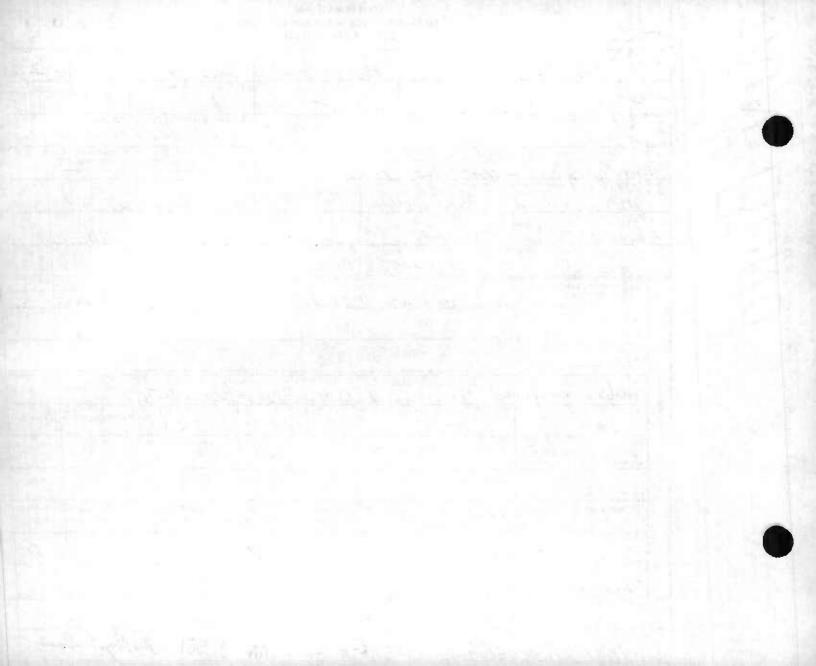
12	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	2 6 6 3
Pe Pe	1. DECEASED NAME FIRST (TYPE OR PRINT) Meredith	MIDDLE IRVIN	PATTIE	12-18-80	26 HOUR 5:45 pm
	3 SEX MALE	4 RACE WHITE	S DATE OF BIRTH JUNE 3 1913		UNDER LYEAR IF UNDER 24 HRS
P183	76. BIRTHPLACE STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF MONTGOMERY	F DEATH
to offer of the full formal for the full formal for the full formal for the formal formal formal for the formal fo	Olney	Montgomery Se	HOME OR OTHER INSTITUTION THE TALL HOSPITAL	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Plumber	126 KIND OF BUSINESS OR INDUSTRY Plumbing
BALTIMORE, MARYLAND 2120's cote be executed within 24 hours system and completely filled in by opers. Pages Feed 2 should be the vol.	USUAL RESIDENCE (IF NURSING HOME OR 136 STATE 136 COUN Maryland Mont	other institution, give residence before TY 13, CITY OR TOWN Sandy ST	ADMISSION) 13d INSIDE CITY LIMITS? PES NOX	13e STREET ADDRESS 1815 Ednor Road	
MARYLL ed within mpletely exemine	OSCAR MEREDIA	PATTIE LAST	IS MOTHER'S MAIDEN NA LILLIAN	— MIDDLE BARG	ER LAST
IMORE,	160 WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	war or dates) 166 SOCIAL SECUE 216-07-8		ADDRESS E. Pattie Same a	ıs # 13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certificate has been signed by the attending physicion. Ifter this certificate has been signed by the ottending phosy the burnal-transit permit. Then please remove carbona to an Abental-Hygeleg prior to burnal, cremation, or remained or them 18 show any injury, or other traumatic events and them.	SEVERE	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	NCE OF NCE OF EATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN	IN PART 1(o)
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DIVISION ING PHY r attending os the bu ith and m orked or	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
HOSPITAL OR ATTENDING OR BY THE hospiral or FUNERAL DIRECTOR. Wild be detoched for use of the Store Dept. of Heal ORTANT: If hem 21 is many than the Store Dept.	PHYSICIAN'S NAME (TYPE OR	I view the body ofter death.	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	deoth occurred on the dote and hour o	14/18/80
1403 BP	230. BURIAL, CREMATION REMOVAL (SPECIFY) BURIAL	DEC. 20,1980 Bu	AME OF CEMETERY OR CREMATORY rtonsville Union	23d. LOCATION	ONT. MD.
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FUNERAL DIRECTOR RAME FRANCIS H. BARBE	R LAYTONSVILLE		E REC'D. BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE

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ws any	CERTIFICATION	190 DATE OF OPERATI	ION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFOR	RMED	20a AUTC	OPSY?	206. IF YES,	WERE FINDI	NGS USED	
Shows 3	Ě								YES 🗌	NOO	YES	ING CAUSES	NO [•
or Item 18		210. ACCIDENT WAS UNDE	USE OF DEATH	216. TIME O	F INJURY M. MONTH	DAY YEAR	21¢ HOW IN	JURY OCCURR	ED (ENTER NA	TURE OF INJURY	IN ITEM 18, PAR	t 1 OR PART 2)		
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Te Te		obove, (I) (well toll 22b SIGNATURE	laid got v	new the body	otter degip.	1	DEGREE7					22c DATE	SIGNED	10
IMPORTANT: If Item			VINU	low	Mai	w.	// A	TTENDING PHYSICIAN	MEDICAL	STAFF	AN	1	2/16/	30
AAN	1	224. PHYSICIAN'S NA	/ (7		220 ADDRESS	5	0	- 1-	(1-1	STLVE	R SPR	IN
5		RO	BERT L	I. KRAN	MER, M. 1	D.	(8630	TE	NOTE	8%	MARYL		
2	230	BURIAL, CREMATION, R	REMOVAL	236. DATE			EMETERY OR C		234. LOCA	TION SEY DUT	מס י	GEORGI	EC YAY	,
-	2/	BURIAL		12/18			LEBANON							•
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1/79		232 CARROL	L SIKE	ELI, N.	. W., WA.	SUTURI	/N, U.	U.			-	/		



THE CAPPEL OF THE CASE OF THE

	1			STATE OF MARYLAND		101 00 1 1 10
	1	FOR - STATE	DEPARTA	LENT OF HEALTH AND MENTAL HY	GIENE 8 0	3 2 6 6 5
	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1 DE	CEASED NAME FIRST	MIDDLE	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
nay be page 3 er death		CHARTE	L.	VENDELTON	Dec 24,1	980 642 pm
E b	3 51	×	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 ARS
- 8 7 mm		Temale	Black	JAN 8 79	/ v	MONTHS DAYS HOURS MIN
d T M		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	JNTY OF DEATH
Lead the lead to lead the lead to lead t		Maryland	USA	WIDOWED DIVORCED	Montgomery	County MD.
ofter dec	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY
Soft Filed the	5	THER Spring Md.	GREAT DAKS	CENTER		
b 212 t hou d be	USU 13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 13c. CITY OR TOW	ADMISSION) N , 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
4ND		mn Mont		MO YES NO [9526 CosThe	DR.
RYL, uthur uthur z sh	14. F	ATHER'S NAME	AIDDLE LAST	15 MOTHER'S MAIDEN NA	WE	
MAM wed w	7	ABOXST	Pendetran	1 / DOIA		Milliams
d co		WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	RITY NO. 11 19 5 PENT Cast	le Driverpp	per Mariboro, ML
IMO Poge exe		NO	213-94-	3363 Earnest &	Lana Pendlet	ton(parents)
BALT cate to apers and the		18 CAUSE OF DEATH Enter on	y one couse per line for (a), (b), and	dice.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., f		PART I. DEATH WAS CAUSED	E CAUSE (D) Cardia	a arrest		Instant
or re		4075		NCE OF		
deoth deoth ove c		Conditions, if ony, which	(b)			
the of the cemoral erricement of the cemoral erricement of the certification of the certifica		gove rise to immediate couse 101, stating the	DUE TO OR AS A CONSEQUE	NCE OF	1000	ST HUSELES
by by ase		underlying couse lost	(0)			
res tres to ple no ple guraday, on y, on	1	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION	GIVEN IN PART 110
RDS	O N	Holophoencep	haly, Convalsi	ve disorder, the	molability	5
ECO ow prior	S	190 DATE OF OPERATION	16 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 70b/1	FYES, WERE FINDINGS USED
ALR hos	E	NA	NA		YES NO NO	YES NO
N: N	1		216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18, PART I OR PART 2)
OF ICLA ICLA GO PUR	N S	OR CONTRIBUTING CAUSE OF DEAT	P.M.	19	9	
HYS ndin his o but d Me	ED	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
IVIS officer of the state of th	>	AT WORK AT WORK	(Marie Marie		,	
VDIP Lor Vse ovse s mo		220.1 certify that (I) (this hospit	ol) attended the deceased from_	10/24 19.79		. 19.80 , that (I) (we) last
porto for of H		sow the deceased alive on above, (1) (we) (did) (did not	12/27/80 19 60 view the body ofter death.	ond that in (my) (our) opinion	death occurred on the date one	d hour and from the causes stated
NR A has has been them		22b. SIGNATURE		DEGREE	1	22c. DATE SIGNED
		Jara Chita	akar ma	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/24/80
E 6 8 5 2						
d SP	1	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS	10 0 1 1	
HOSPITAL ained by the Could be det inth the State	1	1220. PHYSICIAN'S NAME (TYPE OF	AR M.D.	Great Oak	's center	
TO HOSPITAL TO FUNERAL Should be det with the State	230.	TARA CHITRAK BURIAL, CREMATION, REMOVAL	AR M.D.	Great Oak	23 Center	COUNTY
BB OF HOSP AT TO FUNE Should be with the Should be MIN TO FUNE Should be Sho	230.	TARA CHITRAK	AR M.D. 236. DATE 236. N	Great Oak AME OF CEMETERY OR CREMATORY ncold Memorial	Suitland	county state Maryland
Cotoned To Fun		TARA CHITRAK BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	AR M.D. 236. DATE 236. N	Great Oak AME OF CEMETERY OR CREMATORY COLD Memorial OME 750. DA	CITY OR TOWN	Maryland
DIVISION OF VITAL RECOR	MEDICAL CERTIFICATION	gove rise to immediate couse of stating the underlying couse lost PART 2 OTHER SIGNIFICANT C HOLD 190 DATE OF OPERATION NA 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEAL (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hospit sow the deceosed alive on obove. (I) (we) (didl (id) and on obove. (I) (we) (didl (id) and on obove. (I) (we) (didl (id) and id)	THE PLACE OF INJURY ATHERITATION FOR WHICH ANA THE TIME OF INJURY HOUR A.M. MONTH DA P.M. THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	DEATH BUT NOT RELATED TO THE TERM UL ALLOCATION OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 211 LOCATION STREET ARM, ETC.) DEGREE ATTENDING PHYSICIAN	RED (ENTER NATURE OF INJURY IN ITEM	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO MIB. PART 1 OR PART 2) COUNTY STATE 19 0 , that (1) (we) losed the couses stated with the couse stated with the couse



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300.W.MONTGOMERY AVE., ROCKVILLE, MD. 20850

FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

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after the control burrated		ANG CARG	HE CONTRACTOR OF THE PARTY OF T	

	1 - STATE REGISTRAR	DEPARTM	CERTIFICATE OF		REG. NO.	5 2	0 0 0
1	I. DECEASED NAME FIRST	WIOOFE	LAST	20	a DATE OF DEATH M	ONTH DAY YEAR	2h HOUR
1	JOYCE	MAE	PHILLIP	s	12/12/1980		1:17 4
Н	3. SEX	4 RACE	5. DATE OF BIRTH	1.0	AGE (IN YEARS LAST BIRTH	OAY) IF UNDER 1 YE	
U	FEMALE	WHITE	JULY 23	1954	26	YRS.	TOURS MIN.
7	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED XX NEVER	MARRIED 9	BALTIMORE CITY OR	COUNTY OF DEATH	
	South Carolina	U.S.A.		NORCED [Montgomery	County	MD
1	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING			TYPE OF WORK FOR MOST OF		D OF BUSINESS OR
ø	BETHESDA	THE CLINICAL CEN			Housewife		Home
7	USUAL RESIDENCE (IF NURSING HOME) 130 STATE South Carolina Gr		13d. INSIDE	CITY LIMITS? 13	e. STREET ADDRESS ROUTE 2, B	OX 446A	
4	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER	S MAIDEN NAME	WIODLE		
1		ames King	G	uynell	MIOUTE		oan
5	160 WAS DECEASED EVER IN U.S. AL		ITY NO. 17 INFORM	ANT	ADDRES	S	
		None 249-19-24	56 MR.	JOHN E. F	PHILLIPS, H	USBAND	SAME
	18 CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b), and	(c).)			APPR BETWE	POXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (0) <u>CARD TOPUL</u>	MONARY ARRE	ST			
	2002	DUE TO, OR AS A CONSEQUE	NCE OF				
1	Conditions, if ony, which	(GASTRO-IN	TESTINAL H	EMORRHAG	ES, MASSIVE	6	HOURS
	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE					E DAVC
		(c) SUB-DURAL					- 5 DAYS
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATE	D TO THE TERMINA	AL DISEASE OR CONDI	TION GIVEN IN PART	1(a)
4	BURKITT'S						
	BURKITT'S I	196. CONDITION FOR WHICH (PERATION WAS PERF	ORMED		20b. IF YES, WERE FIN IN CERTIFYING CAUS	
	ar a				YES NO	YES 📝	NO 🗌
	ON COMMANDURAN TO CHIEF OF OF	216. TIME OF INJURY HOUR A.M. MONTH DA	YEAR 21c HOW I	NJURY OCCURRED	ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART	2)
1	S (IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19				
	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTIFY HE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	21f. LOCAT STREE	ION	CITY OR TOW	N COUNTY	STATE
	sow the decensed plive or	ital) attended the deceased from 12 DECEMBER 19 8			to 12 DECE	MBER, 1980 e and hour and from t	_, tho XX(we) lost the couses stated
	22b. SIGNATURE		DEGREE			22c. DA	ATE SIGNED

224. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS CLINICAL CENTER, NATIONAL

MEDICAL STAFF
DIRECTOR PHYSICIAN

ATTENDING PHYSICIAN

HEALTH. BETHESDA. MD 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

Burial 24 FUNERAL DIRECTOR
NAME Hines/Rinaldi
Funeral Home

Greenville Mem. Gardens

DEARE S.C

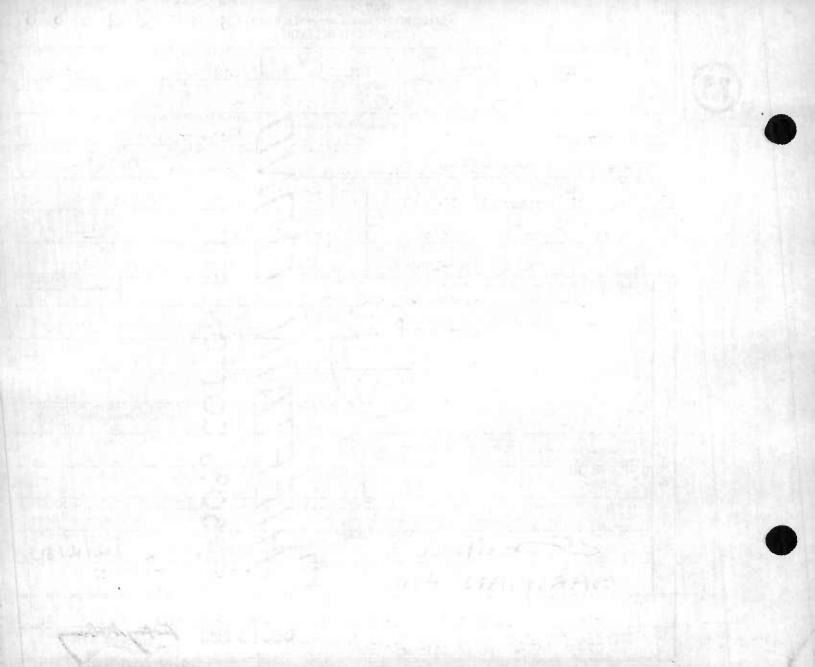
12/12/80

DHMH-16 30M 2/80 (VRA 15, 4)

MPORTANT: If hem 21 is marked or item 18 shows

ADDRESS 11800 N.H.Ave. STEEPS. Md.

Dec.15,1980



(VRA 15, 4) 7/78

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STATE OF MARYLAND

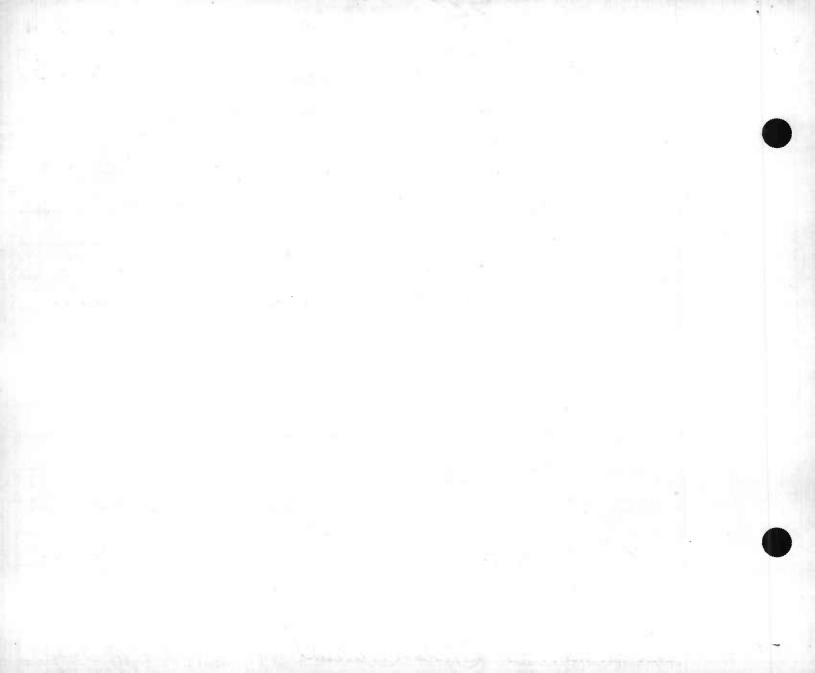
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CD, BY REGISTRAN TO MEGISTRAN'S SIGNATURE

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	1-	FOR STATE REGISTRAR					EALTH AND A		IENE 8	REG. NO	5	2 5	/	3
		CEASED NAME OR PRINT)	LENA		A.		CHER		-	CEMB		9. 198	26 H	07/M
		FINALE		4 RACE HHI-		5 DATE O	/ DAY_	1892		YEARS LAST BIRTI	YRS.	IF UNDER TYEA AONTHS DAY		DER 24 HRS
	, co	RTHPLACE (STATE DUNTRY)		4.5		WIDOWE		ORCED	9 BALTIM	MONT	COUNTY	OF DEATH		MD.
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100	13a S	MD.	136 COUN	OTHER INSTITUTION, ITY GENELY	GIVE RESIDENCE BEFOR	RE ADMISSION) VN SPRING	13d. INSIDE CI	NO 🗌	192	ADDRESS	ERNE	AVEN	VE	
0	I4 FA	JOHN	N	AIDDLE	ANTIL	_		MAIDENNAM IRST MARY	ME	MIDDLE		INEDI	AST S7	
		AS DECEASED E		MED FORCES? WAR OR DATES)	217-44-	OS8Y	I MOGE	, ,	LOPKIA	ADDRE		ROSTEN	AVE	S.SM
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9	CERTIFICATION	19a DATE OF OP			TION FOR WHICH				20a AU		206. IF YES IN CERTIF	, WERE FINE YING CAUSI	INGS U	ATH?
		21a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEA	TH HOUR A.A	M. MONTH D	AY YEAR	21c. HOW IN.	JURY OCCURR	RED (ENTER)	NATURE OF INJUR	Y IN ITEM 18, PA	ART 1 OR PART 2		
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		TOSE	PH M.	SOLIW	AS, M	D	9801	GEOR	GiA	AVE.	2,5,	Hd	21	102
	230 B	URIAL, CREMATI	ON, REMOVAL	236. DATE	-	NAME OF CE	METERY OR C	REMATORY	- 23d LOC	ATION OR TOWN	1 /	D'I'CO		STATE /

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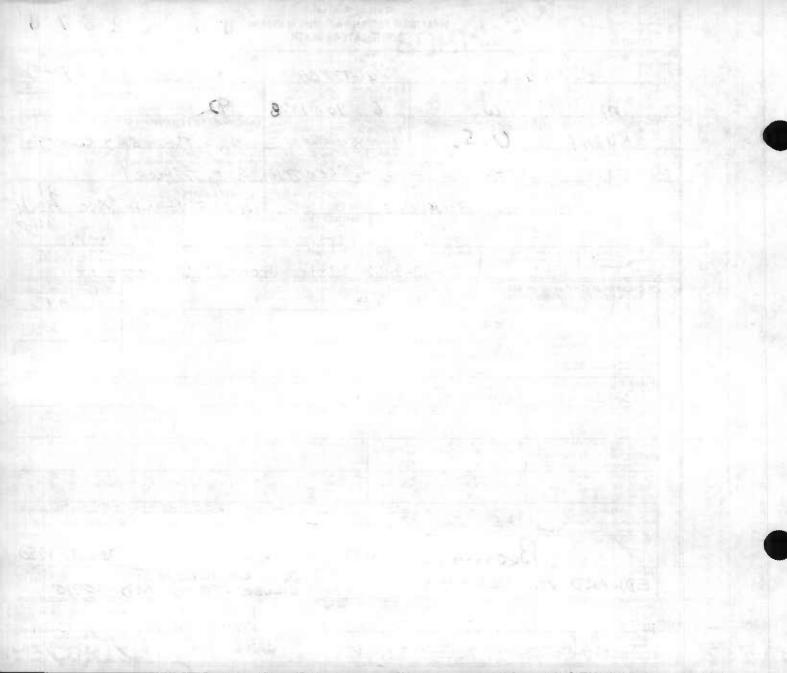
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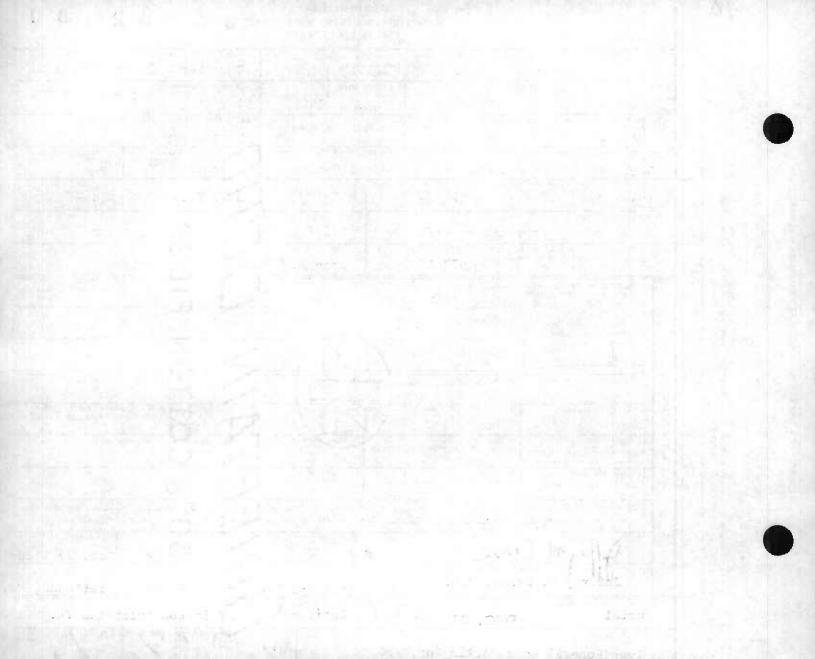
		FOR			DEPARTMENT OF		ARTLAND	HYCIEN					and a
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-60		CEASED NAME	JAM	rc r		PREN	LAST PT OT		20. DATE KNO' OF EST	rl-	12 O	YEAR	1005
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Ĭ I	3. SE	X 4	I. RACE	5. DATE OF BIRTH	6 AGE (IN Y LAST BIRTHI			ER 24 HRS.	2c. DATE PRONOUNCED	M	Dec .	3 80	1005
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SSA RAI HIN ESTG		IRTHPLACE (STA	TE OR	76. CITIZEN OF WI	HAT COUNTRY?	8. MADD	ED NEVER MAI	DDIED	9. BALTIMORE	CITY OR C	OUNTY OF	DEATH	
NECESSARY FUNERAL DIM 5 S FOR YOU W PRESTON YOU			Jersey	U.S.		WIDOW			Mo	ontgo	omery		MD.
S H H S S	10. C	ITY OR TOWN O	F DEATH	11. NAME OF HOS	PITAL, NURSING HOM	1			JAL OCCUPATIO	N (TYPE OF	WORK 126, KI	ND OF BU	SINESS
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3 TO					VE RESIDENCE BEFORE ADMISS	ION)			torney		LJU	stice	Dept.
21201 F ANY SHOULL RECOLL	13a. S	TATE	13b. COUN	nout	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	_	EET ADDRESS				
21.2 2. A 3. R SHC	14 6	Md. ATHER'S NAME	/	1001	I Chevy Cha	se	YES NO		09 Sprin	ngdel	Plac	e	
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,) 80		18. CAUSE OF	DEATH (Enter and	y ane cause per line	far (a), (b), and (c).)			74-	21 1		BET	PPROXIMATE	INTERVAL AND DEATH
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E = X 4 2 E		lying couse	last.	((0)	Acutet.	Chr	enic Ale	cohe	lism.		188		
AL RECORDS, 30 DULD BE EXECUT "PENDING" IN INFR MEDICAL E. SSED AS A BURIL F HEALTH AND / CREMATION, O		PART 2 DTHER SIGN	HEICANT CONDITIONS	DATEBUTING TO DEATH	BUT NOT RELATED TO THE TER								
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE RITING THE WORD "PENDING" ROED TO THE CHIEF MEDICA RE 3 SHOULD BE USED AS A BE E DEPARTMENT OF HEALTH AN PRIOR TO BURRAI, CREMATION	Z												
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NUSION OF VITA CERTIFICATE SHC ITING THE WORD DED TO THE CH 3 SHOULD BE U DEPARTMENT OF PRIOR TO BURAL.	ERT	21a EXTERNAL	CAUSEWAS	21b. TIME OF	INJURY	121c. HC	OW INJURY OCCUR	RED LENTER	NATURE OF INJURY IN	ITEM 18 PART		TES L	NOTA
SION OF RTIFICAT IG THE V TO TH SHOULD PARTMEI		UNDERLYING OR HOUR A.M. MONTH DAY YEAR											
SIO RTIF IG T SHC SHC SHC OR T	MEDICAL	21d INJURY OC	CURRED		DE INJURY (AT HOME.	21f LO	CATION						
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DI'S (R: THIS (TE, WRIT) ONWARD ORWARD STATE IS PAGE STATE I 21201 P		AT WORK	AT WORK	<u> </u>									
INER: ICATE, FOR: THE S ND, 21		220. I certify	that I took charge	e of the remains des	cribed obove, held on	Autops	sy , Inspect	tion X,	Inquiry X	ond in	my apinian		
L EXAMINER: CERTIFICATE OUID BE FOR IL DIRECTOR: N. WITH THE 8: MARYLAND, 2		death resulted	fram: Notur	al causes X,	Accident, S	vicide .	, Hamicide	. Undet	ermined manner				
XAA LD DIE WITTE			0				TITLE (SPECIFY)						
AN TH.		ACTUAL SIGNATURE	Jus	m 13.13	all	м	D. Depair	A MED	ICAL EXAMINER	LE	DATE VE	c4,1	980
OREA SEA								/					
P. C.		(TYPE OR PRIN'				Aug al	ADDRESS				IIX.		
TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNETH, O AFTER DEATH, O BALTIMORE, MA	23a.B	URIAL, CREMATI	ON, REMOVAL 2	3b. DATE	23c. NAME OF CE			23d, LC	OCATION OR TOWN				
5/00	(:	Remo	wal	12/4/80				CITY	OR TOWN		COUNTY	ST	ATE
DHMH - 17	24. F	UNERAL DIRECT		-			25 o. DAT	E REC'D. BY	REGISTRAR 25	. REGISTR	AR'S SIGNA	TURE	
(VR A15 ME (5))		NAME	Poned	ADDRESS Do 14	to Md		or	00	1000	D. R.	Box B	-	
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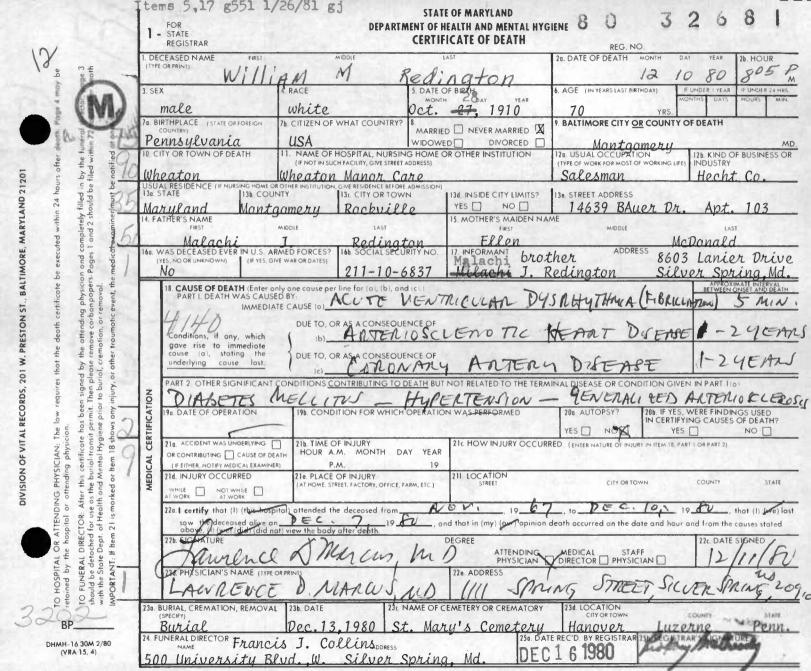
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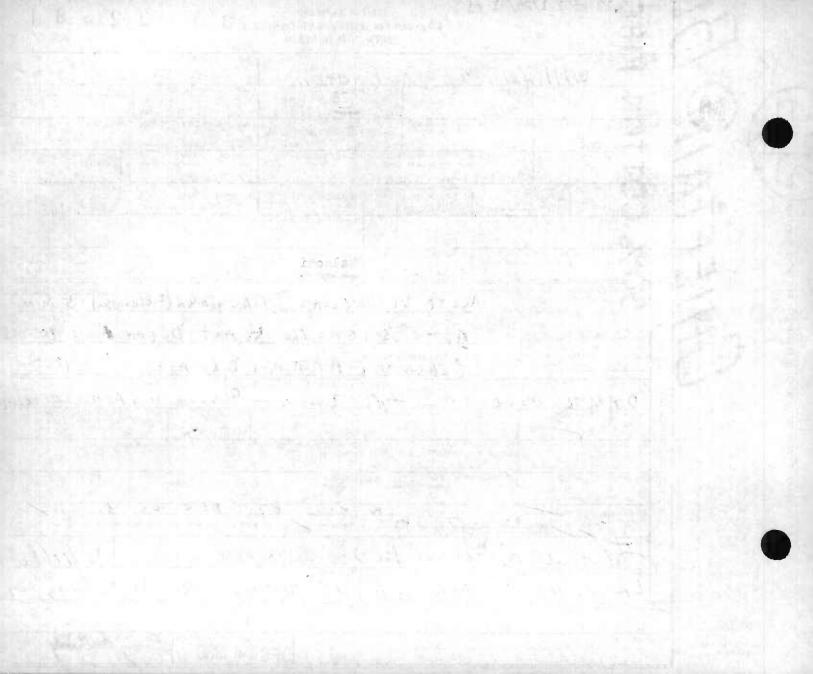


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		- STATE REGISTRAR CEASED NAME FIRST FOR PRINT)	WIDDLE	L	AST	REG. NO.		2b HOUR
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27		Bethesda	11. NAME OF HOSPITAL, (IF NOT IN SUCHEACILITY, O National Na	, NURSING HOME C GIVE STREET ADDRESS) aval Medic	OR OTHER INSTITUTION	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WO Housewife	PRKING LIFE) 12b. KIND O	F BUSINES
183	13a	AL RESIDENCE (IF NURSING HOME OF STATE Virginia	REPTHER INSTITUTION GIVE RESIDE INTY 13E CITY MCL	OR TOWN ean	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 1104 Brent:	field Drive	е
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S medicol	160	VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G	NE WAR OR DATEST	40 9869	John M. Re	dfield See i	tem 13	
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s any injur	FICATIK	19a DATE OF OPERATION	178. CONDITION FOR			IN	CERTIFYING CAUSES	
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rept. of Health and Mental Hygiene them 21 is marked or Item 18 shows	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (II (this hosp sow the deceased alive of obove, (II (we) (did) (did)	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTOR' Dec. 28 (1) view the body after deat CR PRINT) Crane, M.D.	19 Y, OFFICE, FARM, ETC) d from	21f. LOCATION STREET 21f. LOCATION STREET 75 Add that in (m) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS	VES NO	COUNTY 19 80 10 And hour and from the 220c. DATE Dec.	that (/ (w couses sto SIGNED 29 1



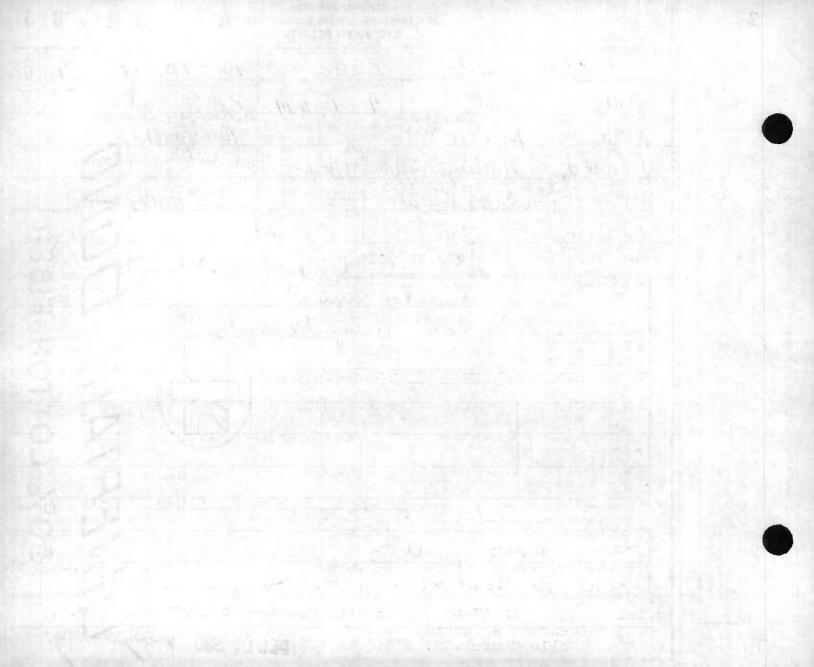




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5	EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIFFECTOR: PATER DEATH, WITH THE STABLITMORE, MARYLAND, 2	23a.BURIAL, C	CREMATION, REM	OVAL 236. DA	TE	23c. h	AME OF CE	METERY O	RCREMATO	ORY	23d. LOC	CATION		со	UNTY	ST	ATE
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	100			STATE OF MARYLAND		
		FOR - STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 REG. NO.	3 2 6 8 4
		ECEASED NAME FIRST	MIDDLE	LAST	2R. DATE OF DEATH MONTH	DAY YEAR 26. HOUR-
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G PHYSICIAN: The I ding physician. This certificate has be burial-transit permit. In Mental Hygiene pri Med or Item 18 shows	5	THE DATE OF OFERATION	178 CONDITION FOR WHICH	OFERATION WAS PERFORMED		ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
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SPI SPI SPI TA		274 PHYSICIAN'S NAME (TYPE OF	PRINT)	22e ADDRESS		
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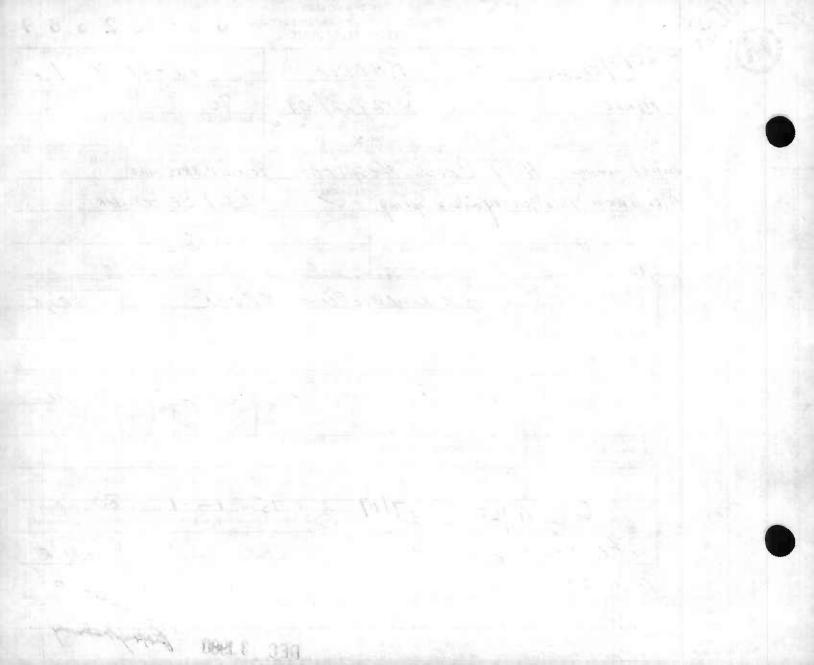
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of controlling physicion. Iter this certificate has been signed by the aftending physicion and completely filled in by as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 should be file than and Mental Hygiene prior to burial, cremation, or removal. In and Mental Hygiene prior to burial, cremation, or removal.	CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WI		
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ol o					2 - 1		, 10	,		ot (I) (we) lost
ATTI Spirit CCTC d for m 21		obove, (I) (we) (did) (did	not) view the body	ofter death			death occurred on the de	ote and hour an		
on he he	18	226. SIGNATURE	0 1 201	1/0			AAEDICAI STAI	·c	22c. DATE SI	
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2201 OF OF STA	23a. I	BURIAL, CREMATION, REMOV	AL 23b. DATE	230	NAME OF C		23d LOCATION			
2001	1	SDECIEV)						d. Marvi	land	STATE
DHMH-16 60M 1/73	24 F	UNERAL DIRECTOR				250. DAN		256 REGISTRAR		RE
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27-15				STA	TE OF MARYLAND		
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noy be poge 3		EASED NAME FIR	Myntle S	3.	Riehards	20. DATE OF DEATH MONTH	H DAY YEAR 2b HOUR
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9 de	M	THPLACE (STATE OR FOREIG DUNTRY) aryland	UGA	MARR		1120111 011	nem Co MD.
rs ofter of the filed with		Pethesda	(IF NOT IN SUCH FA	Ellity, GIVE STREET ADDRESS)	Ho pitel	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Housewife	12b. KIND OF BUSINESS OR INDUSTRY
AND 21:	13a S1	aryland 13b	OME OR OTHER HISTITUTION GIVE COUNTY 13c Ontgomery	RESIDENCE BEFORE ADMISSION CITY OR TOWN Kensingto	13d INSIDE CITY LIMITS	3000 McC	omas Avenue
MARYL ted withi ompletely ond 2 sl		George	WIDDIE	Saucer	15. MOTHER'S MAIDEN FIRST Judit	MIDDLE	Shaffer
be execu		AS DECEASED EVER IN U 5. NO OR UNKNOWN) (IF	I.S. ARMED FORCES? YES, GIVE WAR OR DATES)	SOCIAL SECURITY NO.	Davis-Wea	ADDRESS IVER Funeral I	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or oftending physician. Wher this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file than Amental Hygiene prior to burial, cremanan. Or or them 18 shows any injury, or other traumotic event, the medical examiner must be no acked or them 18 shows ony injury, or other traumotic event, the medical examiner must be no acked or them.	70	PART I. DEATH WAS C	DUE TO, OR AS	For (a), (b), and (c) I	ne Hen	x failure mia	3 days
RDS, 201 equires the signed Then plector to burial injury, or	NOI	PART 2 OTHER SIGNIFIC	CANT CONDITIONS CONT	RIBUTING TO DEATH BU	TO NOT RELATED TO THE TE	THE CONTROL	N GIVE A PART TIME
VITAL RECO VITAL PLOW r vysicion. cote hos bee ronsit permit. Hygiene primit. 18 shows ony	CERTIFICATION	90 DATE OF OPERATION	196. CONDITIO	N FOR WHICH OPERAT	ON WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \[\] NO \[\]
SICIAN: T ng physici certificate urral-transi temtol Hygg frem 18 sh		210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	E OF DEATH HOUR A.M.	JURY MONTH DAY YEA 19	R	CURRED (ENTER NATURE OF MINISTER)	EM 18, PART 1 OR PART 2)
NG PHYSIC offending I ffer this cert as the burrol h and Menter an	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME STREET,	INJURY FACTORY, OFFICE, FARM, ETC.)	214. LOCATION STREET	10 CITY OR TOWN	COUNTY STATE
TEND outol outol or use or use of Heol		220.1 certify that (1) (this saw the deceased of abave, (1) (ver) (did?)	live on 1219	Lecth 9	and that in (my) (and apple	an sleath occurred an the date ar	nd hour and fram the causes stated
TAL OR AT y the hosp RAL DIREC- detoched f detoched f note Dept. c		The SIGNATURE	3 MC	est ,	M ATTENDING	MEDICAL STAFF	222. DAVE SIGNED 10
O HOSPITAL eroined by the TO FUNERAL should be det with the Store		THOS (2 WAR	0,6110	ROBIN	wood Both	1 Da 339 34
3602	(:	URIAL, CREMATION, REM PECIFY) Burial	12/12/		1 Hills	CITY OR TOWN	county State Wast Va.
DHMH-16 30M 2/80 (VRA 15, 4)	24 FU	Robert L.	Williams	ADDRESS Damascu		THEREO DOBY RETURN 256	EGISTAR'S FREATORE

bring your sbeendor v Houseville tarylanu Nontcomery Mensineton y 302 McComes Avenue Tollier Shucer Turks GHITTI C ments de (U) Davis-carer Tunorel Lome Fore Va.

Burial ________ | 12/12/80 Floral | 411a -

Robert L. Hilliams Camments, Md.

auld be fil

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

э	KEG ISTRA	MIK					REG. NO.		
	1 DECEASED N. (TYPE OR PRINT)		amue1	B.	RIDDI		December 1	6 1980	2:45A _M
	3. SEX Male		4. RACE Caucas	sian	5. DATE OF		6 AGE (IN YEARS LAST BIRTHDAY) 76 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
3	70 BIRTHPLACE COUNTRY) Virgin	ia	USA	WHAT COUNTRY?	MARRIED		9 BALTIMORE CITY OR COUNT Montgomery	Y OF DEATH	MD.
7	Bethes	da	(IF NOT IN SU Nation	ch facility, give street a	Medic	al Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) U. S. Navy	LIFE) INDUSTRY	ed Force
7	USUAL RESIDEN 130. STATE D. C.		HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Washingt	on	13d INSIDE CITY LIMITS? YES X NO [t Apt.	504
	14. FATHER'S NA FIRS Samu		WIDDLE	Riddick		15. MOTHER'S MAIDEN NA/ Virginia	MIDDLE	Griff	In
	160. WAS DECEA (YES, NO OR UN Yes	KNOWN) {	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES) 1930-54	57.9 /64/2		Jane Riddick	ADDRESS See item 13		DE 183
	18 CAUSI PART I		Enter only one couse per CAUSED BY:	r line for (a), (b), one Metast	atic	adenocarcinom	na of colon	APPROXI BETWEEN	IMATE INTERVAL ONSET AND DEATH
į	Conditions, if any, which (1b)								S No
		se ta immed a), stating ng couse		DR AS A CONSEQUE	NCE OF				
	PART 2. C	THER SIGNIF	ICANT CONDITIONS	ONTRIBUTING TO D	DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 10	a ·

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOK YES NOF 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21e. PLACE OF INJURY 21d INJURY OCCURRED AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

23b. DATE

21f. LOCATION COUNTY STATE CITY OR TOWN

Dec. 16

220.1 certify that (1/(this hospital) attended the deceased from saw the deceased alive for Dec. 16 19 above, (1/(we) (did) (did not) view the body after death. 19 80

(hy) (aur) apinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED

22d. PHYSICIAN'S NAME ITYPE OF PRINT

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Dec. 17,1980

William L. Shankel, M. D.

80

National Naval Medical Center, Bethesda, Md. 234. NAME OF CEMETERY OR CREMATORY

Burial

CERTIFICAT

and Mental Hygiene

should be detached for use as with the State Dept. of Health

FUNERAL

DHMH-16 30M 2/80

(VRA 15, 4)

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MPORTANT: If Item 21 is

24. FUNERAL DIRECTOR Joseph Gawler Sons

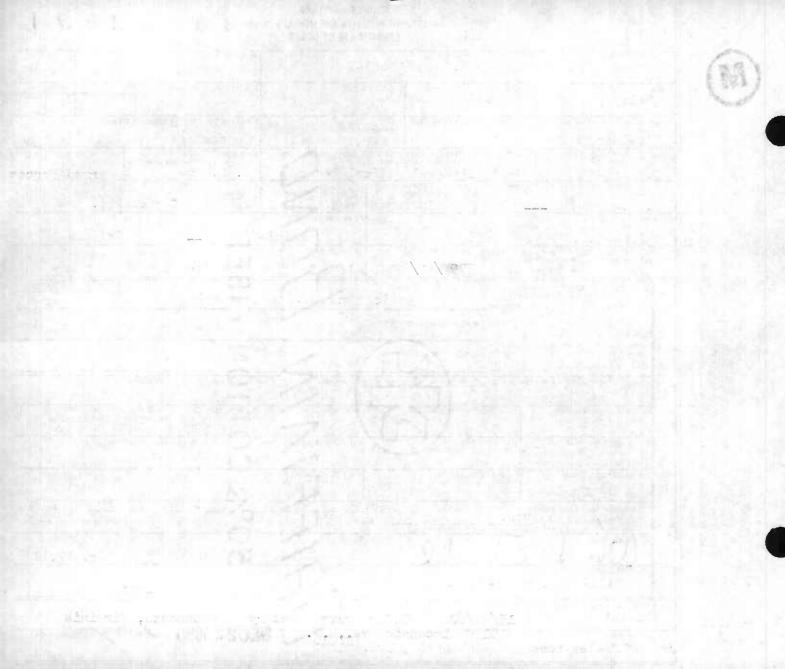
238. BURIAL, CREMATION, REMOVAL

Cedar Grove Cemetery 12/20/80 Washington, D.C. 20016

Dec.

Portsmouth Virginia

250 DARE DE SYSE STORE S



Jos. Gawlers Sons 5130 Wisconsin Av. Wash.DC

SING MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)

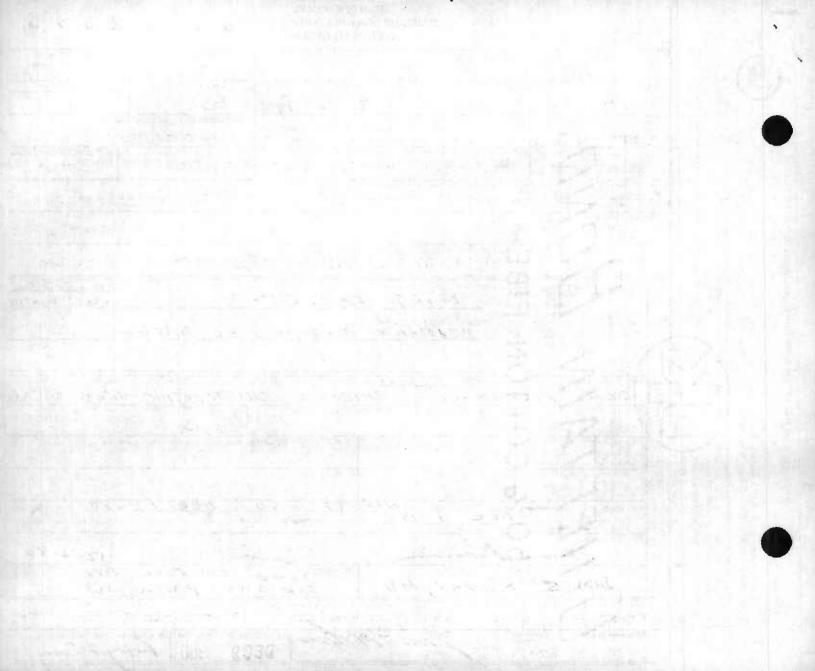
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STATE OF MARYLAND

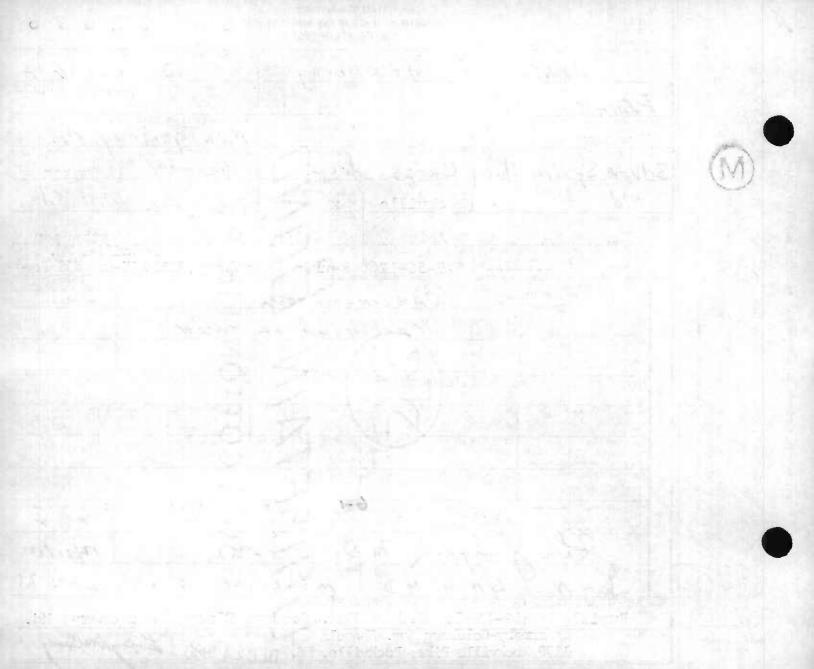
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STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME CO. DATE KNOWN X MONTH (TYPE OR PRINT) Fay Rosenberg 19 80 DEATH MATED 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED Female White Aug. 5, 1912 68YRS DEAD 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED A NEVER MARRIED CANADA U.S.A. DIVORCED Montgomery County 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY HOUSEWIFE OWN HOME 103 Belton Road Silver Spring 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13e. STATE 3c. CITY OR TOWN YES X 103 Belton Road Silver Spring NO [Maryland Montgomery 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PEARL GREENWALD FRISH HANNA YOCHAEL 17. INFORMANT ADDRESS 166. SOCIAL SECURITY NO. 578-14-5110B HARRY ROSENBERG. same as #13 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH Metastatic carcinoma DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which carcinoma of the breast. 11/2 yrs. gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION None 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO X None 71c. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH None TIE PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Undetermined manner death resulted from: Natural couses Accident Hamicide TITLE (SPECIFY) DATE 12/22/80 GE 4 SHOU FUNERAL D TER DEATH, LTIMORE, MA Deputy MEDICAL EXAMINER 1919 Seminary Road John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery, Md. 230 BURIAL CREMATION REMOVAL 23b. DATE FALLS CHURCH. VIRGINIA BURTAL 12/24/1980 KING DAVID MEMORIAL GARDEN DONALDEM STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C. **DHMH-17** (VR A15 ME (5)) 15M7/76

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STATE OF MARYLAND

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11					STATE OF MARYLAND	
1			1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.	2701
				CEASED NAME FIRST	MIDDLE LAST Za DATE OF DEATH MONTH DAY	YEAR 26 HOUR
e e		-	(TYPE	JEAN	wette J Sarpo 12-1-80	L:55P
жой	ETAL	10	3. SE		4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UN	DER I YEAR IF UNDER 24 HRS
Poge 4	A A	ソ		FEMALE	Cay, July 24 1 69 YRS. MONTH	TS DAYS HOURS MIN.
deoth. P	72 %	37		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF	D:
de r	34 3	-	10. C	VENEZUE A TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 128 USUAL OCCUPATION	MD. KIND OF BUSINESS OR
rs ofte	by the	70	B	Etheson		NDUSTRY
0	d be	71	JJ5U/ 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
2	100	55	m		INT BETHESOLA YES NO D 5504 AIBIA	Road
Ath.	2 sh	1	14 FA	THER'S NAME FIRST	MIDDLE LAST FIRST MIDDLE	LAST
Pe	ond	50	(LAYDE	F. JARRIN EYGENIE PASQUE	R
recut	Poges 1	7			ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	Pog.		,	NO		mE# 13
ote t	pers ol.			18 CAUSE OF DEATH (Enter of	anly ane cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
trifice -	n po			PART I. DEATH WAS CAUS	ATE CAUSE (0) Cardio Rulmondin Arest	
e cer	or re			43/	DUE TO, ORAS A CONSCIDENCE OF	
eof	ve c			Conditions, if any, which	Right romport Lope Hunstond	
e .	emo mot			gave rise to immediate cause (a), stating the	DUE TO OR AS A CONSTOURNESS OF	
o o	Dy T			underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	
es	ple			PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IT	N PART 1(a)
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3	prior	1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WE	RE FINDINGS USED
on lo	per ene	X.	E	29 Noy. 1980) Roth Temporal Loke Homatone YES NOW YES !	CAUSES OF DEATH?
¥Sicie	Onsit Hygin	1	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1	OR PART 2)
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PHYSIC	the burio and Ment	-/-	MEDICAL	21d. INJURY OCCURRED	71e PLACE OF IN IURY 21f LOCATION	
	the ond		¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
N o	e os the				pital) attended the deceased from 29 Mov. 19 & to 1 Dec 19	80 , that (1) (we) last
ATTENDING	F E S			saw the deceased alive a		, mai (ii (wa) tasi
R ATTEN hospital	of for			abave, (1) (we) (did) (did n	not) view the body after death.	27c. DATE SIGNED
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TO HOSE Fetoined	should be deto with the State			Tredevic	1. Schwartz S484 Wisconsin Hur. Chry	my hig
701	5 / 2			SURIAL, CREMATION, REMOVA	AL 236, DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION	STATE
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(VRA	15, 4)		16	Res F Nathal	DELO FINEDIAL HOME	100

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME KNOWN (TYPE OR PRINT) OF ESTI-ANTHONY SEGO, Jr. 12 19 80 DEATH MATED SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 12:56 A. M IF UNDER 24 HRS DATE DAY LAST BIRTHDAY) PRONOUNCED 1980 3-15-1949 White Male 3 Tyrs DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED & FOREIGN COUNTRY) USA Montgomery County Md. WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Suburban Hospital Bethesda Auto Mechanic Auto 2, AND 3 TO 3. RETAIN 5 SHOULD BE N. RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE LI31 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3418 YES Y NO . Md Pr. Geo Mt.Rainier Newton Street SIVE PARTIES THE FORM PM THE PAGES 1 AND 2 SHOWN OF VITAL R 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Pinto Anthony Sego. Marie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS INFORMANT PAGES 1 DIVISION Same as _ (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579-64-3306 Anthony J. Sego. Sr. above 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BETWEEN ONSET AND DEATH ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY Shotgun Wound (1) of Chest & Abdomen DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of ED AS A HEALTH E 3 SHOULD BE USED AS A EDEPARTMENT OF HEALTH 31 PRIOR TO BURIAL, CREA CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO [21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 12:10x 12 Subject shot 9 1980 21e PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC. 504 Leighton Ave Silver Spring Montgomery Md WHILE WHILE AT WORK house EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH WITH THE ST. BATTIMORE. MARYLAND, 2. 220 I certify that I taok charge of the remains described above, held on X Autapsy Inspection and in my apinian Hamicide X deoth resulted from: Natural causes Undetermined monner TITLE (SPECIFY) ACTUAL 12/9/80 Assistant MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 111 Penn Street, Baltimore, Md. Virginia L. Dolan, M.D. 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Md. 12-12-80 Pr. Geo. Burial Ft. Lincoln Cem. Brentwood 250. DATE REC'D. BY REGISTRAR 256 RESISTRAR'S SINAPPRE 24 FUNERAL DIRECTOR **DHMH-17** Mt. Rainier, Md. Nallev's F.H. Inc. (VR A15 ME (5)) 15M 2/80

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	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYGICATE OF DEATH	REG. NO.	3 2 7	0 5
			IRST	WIDDLE	1	AST	20. DATE OF DEATH MON	NTH DAY YEAR	2b HOUR
1	(TYPE	William William	Matl	nias	Shank	lin	10	6 80	9:56 M
(IIV	3 SE		4 RACE		5 DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR	IF UNDER 24 HRS
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	7a 8	RTHPLACE (STATE OR FOREK		F WHAT COUNTRY	8	NEVER MARRIED	9 BALTIMORE CITY OR C		
31		faryland	USA		WIDOW		Montgome	ry Count	Y MD.
		ITY OR TOWN OF DEATH	11. NAME O		NG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND (OF BUSINESS OR
0	1 0	lnev	Ten 40	uch facility, give street mery Gene		ospital	Professor	ORKING LIFE) INDUSTRY	•
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5	ä	Marion	MIDDLE	Shankl	.i.n	Annie		Pri	ge1
9 1		VAS DECEASED EVER IN	U.S. ARMED FORCES	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR24	9 Dalevi	ew Driv
med	,	No	TES, GIVE WAR ON DATES			Annabell S	.Perlik McI	ean, Va.	22102
The state of		18 CAUSE OF DEATH	Enter only ane couse p	er line for (a), (b), a	nd (C)			APPRO) BETWEEN	XIMATE INTERVAL
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c, or other tran			the lost DUE TO.	OR AS A CONSEQU		NOT RELATED TO THE TERM	may co		yes
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Sws only	CERTIFICATION	19a DATE OF OPERATION	N 196 CON	DITION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY? 20	Ob. IF YES, WERE FINDI N CERTIFYING CAUSE: YES	INGS USED S OF DEATH?
0	ICAL CER	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR	OF INJURY A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN		
	MEDIC	21d INJURY OCCURRED	21e PLAC	E OF INJURY		21f. LOCATION			
	8	WHILE NOT WHILE	(AT HOME, S	STREET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
2 1		22a I certify that (I) (thi	alive an	C 6 19	80 ,0	d that y (my) (out opinion	death occurred on the date	6, 1980	, that (I) (we) lost
Hem		above, (I) (we) (did)	(did nat) view the boo	ly after death.	-	DEGREE			E SIGNED
Z		Carpen	sem. (hura,	mi		MEDICAL STAFF DIRECTOR PHYSICIAN		17/80
APORTA		CATHERI.	NE M.	CHURA	MD	SUITE 312	18111 PRIN	D. 2018	LIP DR
≤	23a. 8	BURIAL, CREMATION, REA			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
_		Burial	12/	9/80 Fo	rk C	hristian Ce		Baltimor	
5	24. F	UNERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAR 256.		
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STATE OF MARYLAND

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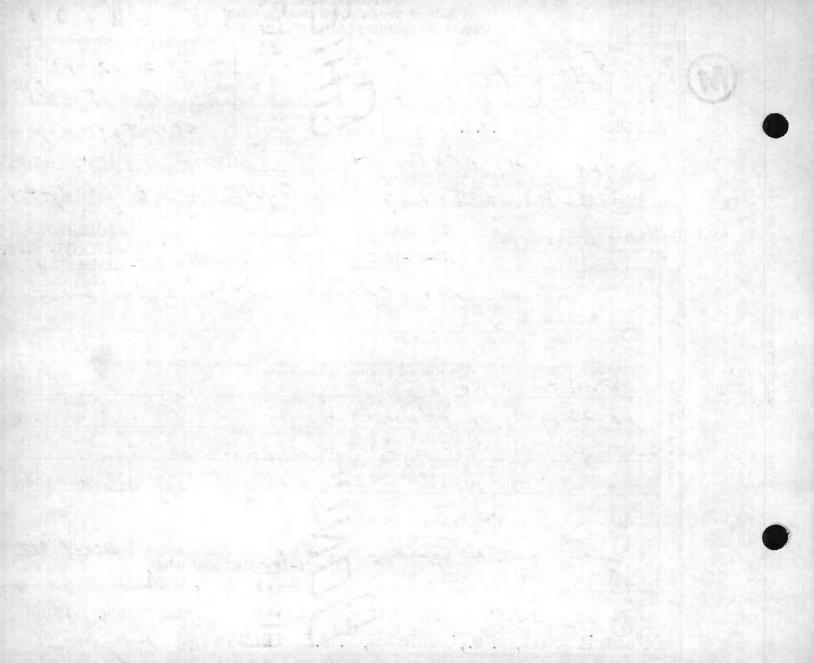
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M)[S. SEX MAL		4 RACE WHIT	Έ	5. DATE OF MONTH	BIRTH DAY YEAR 1. 1958	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DA	
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ould be f	5	USUAL RESIDENCE 130. STATE MARYLAND	13b COU	ROTHER INSTITUTION (GIVE RESIDENCE BEFOR 13c. CITY OR TOW SILVER S	E ADMISSION)	3d INSIDE CITY LIMITS:	13e STREET ADD			(209
ond 2 sh	50	4 FATHER'S NAME		MIDDLE	Showalt		S. MOTHER'S MAIDEN Jean	NAME	DDIE	Shriv	LAST er
s. Poges 1 e medicoh	1	60 WAS DECEASED		RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU		MR. DAVID		ADDRESS	SAME	
mit. Then please rei		PART 2. OTHE	R SIGNIFICANT	(c)CONDITIONS <u>CO</u>	1 = 1 =	DEATH BUT N	OT RELATED TO THE TE	200 AUTOPSY	? 20b. IF	YES, WERE FIN	DINGS I
e pr	$\overline{}$	On Columnia in the	WAS UNDERLYING CAUSE OF DE-		M. MONTH D	AY YEAR	21c. HOW INJURY OCC		OF INJURY IN ITEM	YES 18 PART I OR PART	2)
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STATE OF MARYLAND

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		ECEASED NAME PE OR PRINT)	John		lward	Silv	ius s	r. 2	a DATE OF DE		. 198		OUR OO
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State Dept of Health and Mental Hygiene prior to burial, cremation, or ra. NT: If them 21 is marked or Item 18 shows any injury, or other traumatic.		gove rise to couse 10), underlying (1) underlying (2) underlying (3) underlying (3) underlying (3) underlying (3) underlying (4) underlying (5) underlying (Ony, which immediate stating the cause lost SIGNIFICANT (COPERATION AS UNDERLYING COPERATION CURRED AT WORK TO (1) (this hospic seesed alive on the cause of the cause	DUE TO, OR (b) DUE TO, OR (c) CONDITIONS CO PEULLUL 19b. CONDIT 21b. TIME OF HOUR A.A. P.A. 21e PLACE C (AT HOME, STREE 1) view the body of July 11 view the body of July 12 view the body o	AS A CONSEQUENCE OF AS RECOVERED TO TRIBUTING TO TO THE PROPERTY AND AND THE PROPERTY OF THE P	DEATH BUT NO PLEASE 19 FARM, ETC.) DECCE OF LINE OF L	OT RELATED TO STREET L LOCATION STREET ATTEMPHYS ATTEMPHYS	HE TERMIN Y OCCURRED H opinion dec	AL DISEASE OF 200. AUTOPSY YES NO CITY To both accurred or MEDICAL DIRECTOR 1	20b. IF IN CER OF INJURY IN ITEM I	YES, WERE FIRTHEY ING CALL YES COUNTY 18. PART 1 OR PAR COUNTY 22	NDINGS US USES OF DE. NO T 2) , that (I) n the causes OATE SIGNE	STATH STATE
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with the State Dept.			226. SENATURE 226. PHYSICIAN'S NAME (T	PE OR PRINT)	tun	M-	ATTENDING PHYSICIAN	DIRECTOR PHYS		1,-	11-
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 26 HOUR DECEASED NAME TYPE OR PRINT 0845 LAUGHTER 1980 ATRICIA December 4. A AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS 5 DATE OF BIRTH CAUCASIAN Female 15.1929 Dec. BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Indiana United States MONTGOMERY DIVORCED [120 USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY AMERICAN 10 CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Personnel Dir. Pharmaceutic KOCKVILLE SHADY GROVE USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 11053 Powder Horn Drive Montgomer Maryland Potomac 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Scharfe Walter Ruth Krome 17. INFORMANT 1225 N. Downey Ave. Indianapoli 16h SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Indiana 314-30-5462 Doris R. Hillring APPROXIMATE INTERVAL 18 CAUSE OF DEATH |Enter only one cause per line for 10), (b), and (c). PART I DEATH WAS CAUSED BY FULAUX MITAGE HEPATIC FAILURG WITHENCEPHOLOGOTHU IMMEDIATE CAUSE (a. OR AS A CONSEQUENCE OF ADVANCED CIRRHOSIS TERMINAL if any, which gove rise to immediate cause (0), stating the DUE TO, OR AS A CONSEQUENCE OF GAGINO INTESTIANE TRACT HEURYMAN underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION NOLISM 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [NO [21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from 10-29 - 80 12-04 Am 1980 12-0H and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on_ abave, (1) (we) (did) (did not) view the bady after death 22c. DATE SIGNED DEGREE 12h SIGNATURE FUNERAL I DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22e. ADDRESS 22d PHT CIAN'S NAME STAPE OF PRINT SUNCION, MI 236. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL Parklawn Mem. Park Burial Rockville ... Honty . Maryland December 24 FUNERAL DIRECTOR Bethesda. Maryland DHMH-16 30M 2/80 (VRA 15, 4) Robert A. Pumphrey Funeral Homes.

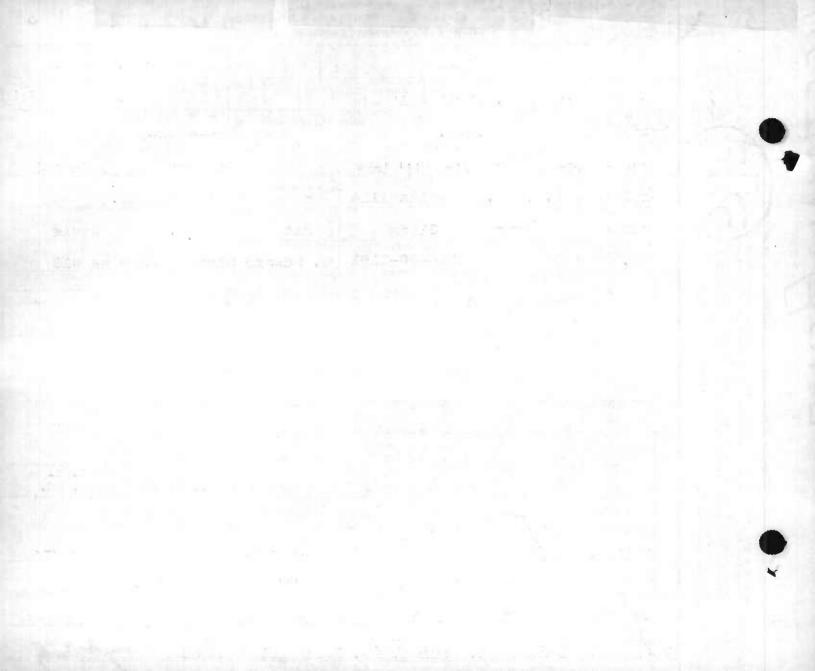
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	3. SEX		RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YE LAST BIRTHD	ARS IF UN		IF UNDER 2	24 HRS.	2c. DATE	NCED	AA	MONTH	DAY	YEAR	2d HOUR
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Ret. Halino & Construct,

Maryland P.G. Glenn Dale x 5907 King Arthur Way

Burial Jan 3,1981 Ft, Lincoln Cemetery Brentwoor, Maryland Beall Funeral Home 16000 Amagolis Rr., Bowle, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 28 DATE OF DEATH MONTH 180 December 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTHS HOURS BALTIMORE CITY OR COUNTY OF DEATH Montgomery 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Heusewife 911 Clemmer Rd. - Apt. T2 Josephine Fridley LOT Girard St. Gaithersburg. Md. 20760 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

STATE COUNTY

and that in (my) Tourh Opinion death accurred on the date and haur and from the causes stated

22c. DATE SIGNED

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE NAM Bosabell Sanderon 3160. E. Diamond Ave. Gartner Sandison F. H. Gaithersburg. Md.

DHMH-16 25M (VRA 15, 4) 1/79 FOR

REGISTRAR

DECEASED NAME (TYPE OR PRINT)

- STATE

Lydian Tene Si ver December 15 '00 11:15 Famile 1935 65 m M. Va. Calthersoner 511 Ble mor Md., Lastaunco Horsewife Md. Honcestry Chichersoure X 911 Cloppor Rd. - Apt. 12 James Hile Colsins Verm Josephine Srielovicu ic3 drama is.

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Sweet Newman, M.I. 1923 Markers William W., Bith. Hi.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	DEI	PARTMENT OF HEALTH AND A CERTIFICATE OF D		NE 8 0	3	2 /	1 6
I. DECEASED NAME FIRST (TYPE OR PRINT) EDNA	A M.	SMITH		December 1			26. HOUR
Female	White	5. DATE OF BIRTH MONTH DAY January 16	YEAR	. AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York	76 CITIZEN OF WHAT COUL	MARRIED NEVER M	ORCED	Montgome:		OF DEATH	MD
Wheaton	University	ursing home or other inst street address) Nursing Home		20 USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOmemaker		INDUSTRY	of BUSINESS OR
	DUNTY 113c CITY OF	r Spring YES 🖾		3x STREET ADDRESS	swick .	Avenue	
14 FATHER'S NAME James	MIDDLE Kie		MAIDEN NAME Leanor	MIDDLE		Fitzge	erald
	GIVE WAR OR DATES)	2-5730 Elaine		hter) ADDRE wn- 2902 To		reet,	SS, Md.
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DIATE CAUSE (0) DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	monia - Right L SEOUENCE OF SEOUENCE OF				9 Day	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		G TO DEATH BUT NOT RELATED WHICH OPERATION WAS PERFORE		200 AUTOPSY? YES NO P	20b. IF YES,	WERE FIND IN	IGS USED
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OF EITHER, NOTIFY MEDICAL EXAMINATION OF WHILE AT WORK AT WORK AT WORK AT WORK	DEATH HOUR A.M. MONTH	H DAY YEAR 19		D (ENTER NATURE OF INJUR		COUNTY	STATE
22a I certify that (I) 24 24 25 25 25 25 25 25 25 25 25 25 25 25 25	on December 14 in of view the body after death.	19 80 and that in (my)	TTENDING X	, to December oth occurred on the do	ote and hour		
George F. Se	engstack, M. D.	9241 C	olumbia	Boulevard	, Silve	er Spri	ing, Md.
230 BURIAL, CREMATION, REMOV (SPECIFY) Burial	December 23,	VA Long Island National Cemet	REMATORY erv	Farmingda		ffolk	N.Y.

DHMH-16 25M (VRA 15, 4) 1/79

BP.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event. should be detached for use as the burial-transit permit. Then please remove carbo with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or TO FUNERAL DIRECTOR: After this certificate has been signed by the

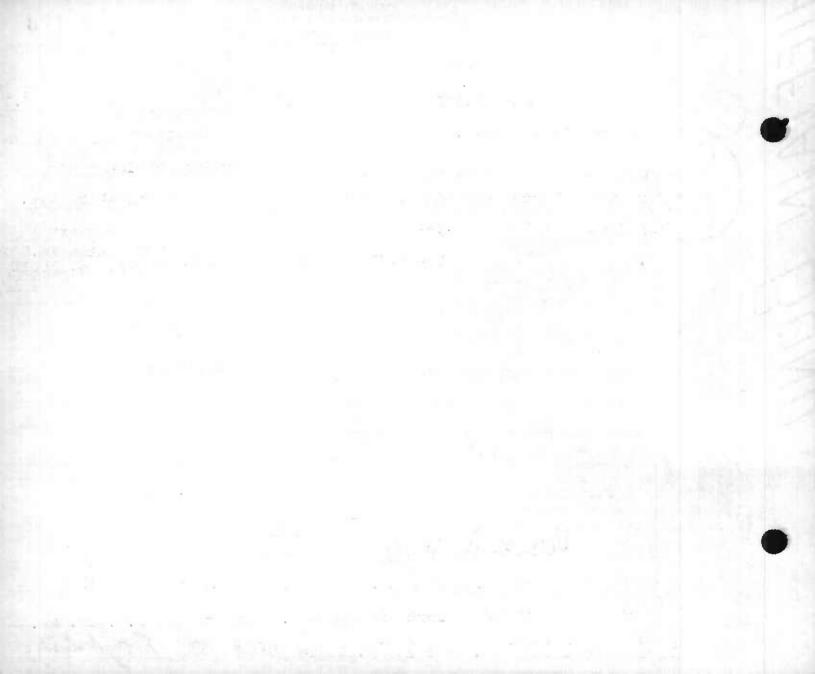
Hines/Rinaldi F.H.-11800 New Mampshire Avenue

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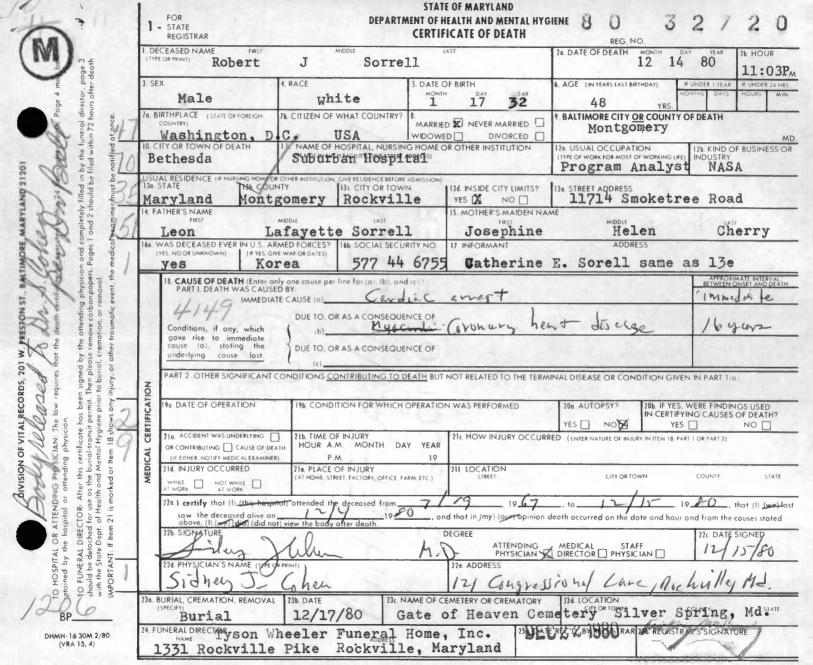
DEPARTMENT OF HEALTH AND MENTAL HYGIENE Q - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR FREDERICK (TYPE OR PRINT) 80 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) ian BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE, MARYLAND 2120 ydenVil 15 MOTHER'S MAIDEN NAME MIDDLE 111 ma ADDRESS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) Yes WW I CAUSE OF DEATH Enter only one couse per line for (a), (b) and PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse ioi, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION HEGIOENT. CEREBRO- VASCULAR 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO I lentol Hyg 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH DAY MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on RDC 2-9 obove, (1) (we) (did) (and not view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATUR DEGREE 22c. DATE SIGNED squard a Signerald my ATTENDING PHYSICIAN PARECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS old b BLUDE. SILVER SPRING, MCC SERNARD H. -1726EKALD 230 BURIAL, CREMATION, REMOVAL 236. DATE 231 NAME OF CEMETERY OR CREMATORY BURIAL WILLTAMSBURG VILLAGE HILL CEMETERY 1/3/81 24 FUNERAL DIRECTORFRANCIS J. COLLINS DHMH - 16 60M 1/75 500 UNIV. BLVD., W., SILVER SPRING, MD.

(VR A 15 (4))



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	with	eq	10. C	ITY OR TOWN OF DEATH)	11. NAME OF	HOSPITAL, NURSI	NG HOME OR	OTHER INSTITUTION		OCCUPATION		2b. KIND OF	BUSIN	ESSOR
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AND 21	filled in rould be	Sea be		AL RESIDENCE (IF NURSING HOME OF		130. CITY OR TOV	WN_ 1	34 INSIDE CITY LIMITS?	138 STREET	ADDRESS	Ros	d		
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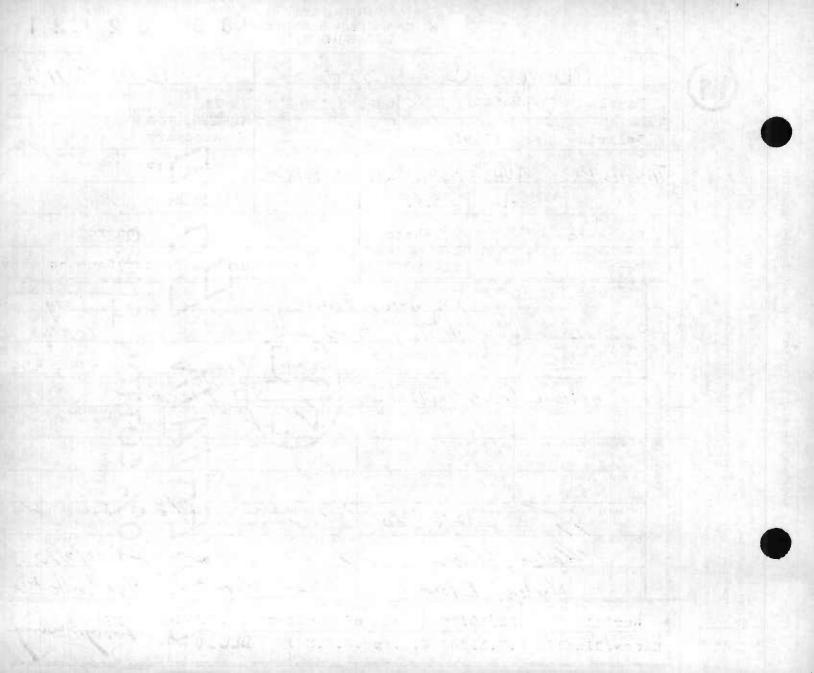
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2ª DATE OF DEATH MONTH (TYPE OR PRINT) 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 1890 To. BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED WIDOWED DNORCED | 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Sookleeber USUAL RESIDENCE IF NURSING JOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136 STATE # 136 COUNTY 136 DITY OR TOWN 13R STREET ADDRESS 13d. INSIDE CITY LIMITS? YES [termoleilao Mondo onesse NO D 301-4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE nrog ins nannie SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Edith Gamb/le No Bethesda Maryland APPROXIMATE INTERVAL II CAUSE OF DEATH (Enter only one couse per line for 151, 161, and PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AY A CONSEQUENCE OF underlying SIGNACANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19). CONDITION FOR WHICH OPERATION WAS PERFORMED 786. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21s. ACCIDENT WAS UNDERLYING 715 TIME OF INJURY 27s. HOW INJURY OCCURRED JENTER HATURE OF INJURY PLITEM 18, PART I DR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINERS 21# PLACE OF INJURY TH LOCATION 114 INJURY OCCURRED COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WITHE 22s.1 certify that (I) (this Hospital and that in (my) (our opinion death occurred on the date and hour and from the causes stated MEGREE ATTENDING MEDICAL PHYSICIAN P DIRECTOR PHYSICIAN Should be can't the St 224 ADDRESS Scruggs 230 BURIAL, CREMATION, REMOVAL 236 LOCATION 23b. Ratember 231 NAME OF CEMETERY OR CREMATORY Tarboro, North Carolina Burial Greenwood Cemetery 256 DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral DHMH-16 25M Homes, P.A. (VRA 15, 4) 1/79 Bethesda, Maryland

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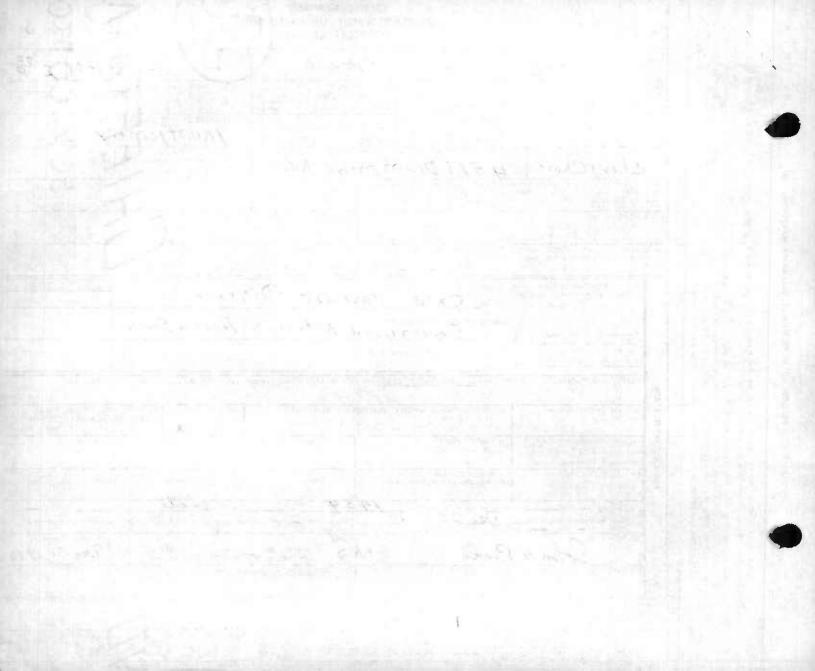
DEPARTMENT OF HEALTH AND MENTAL HYGIENE S

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 1980 4. RACE DATE OF BIRTH 6 AGE (IN YEARS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED Caucasian 1915 65 YRS 1980 DEAD 7b. CITIZEN OF WHAT COUNTRY? . BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary Tand U.S.A. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS Retired Carpenter OR INDUSTRY Building USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUT 13a, STATE Rockville 13b. COUNTY 13d. INSIDE CITY LIMITS? 329 Dean Drive Maryland Montgomery YES X NO [AND 2 S 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Beatrice Bertha Ward Stang Washington George 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT William C. Stang, Jr. Brookeville, Md. 20729 16b. SOCIAL SECURITY NO. DIVISION (YES, NO, OR UNKNOWN) 216-09-9586 No CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY · Bnd. Chronic Alcololism . IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF VARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT C YES NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M PRIOR 211. LOCATION 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN STATE WHILE AT WORK COUNTY 21201 PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STATEMORE, MARYLAND, 21 220. I certify that I taak charge of the remains described above, held on Autopsy death resulted from: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE _MEDICAL EXAMINER 7936 Old Georgetown Rd., Bethesda, Md. JOHN G. BALL EXAMINER'S NAME (TYPE OR PRINT ADDRESS December 12 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Montgomery Maryland Rockville Burial Parklawn Memorial Park BP 24. FUNERAL DIRECTOR RObert A. Pumphrey Funeral Homes P/A250. DATE REC'D. BY REGISTRAR 256. REGI **DHMH-17** (VR A15 ME (5)) BOO W.Montgomery AVe., Rockville, Maryland 15M 7/77

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STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

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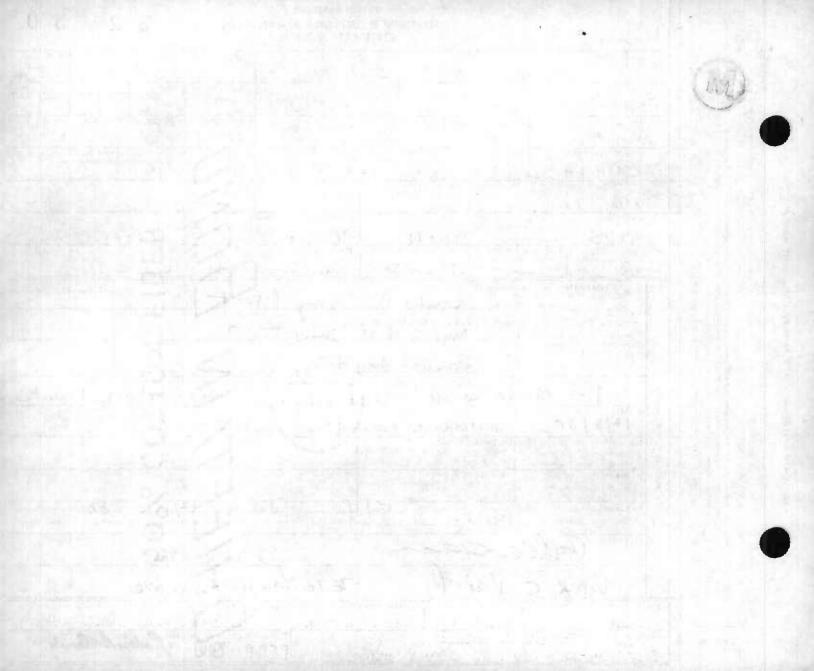
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70 B	ORTHPLACE (STATE OR OREIGN COUNTRY) Vashington, D.C.	Feb. 3, 1903 77 CITIZEN OF WHAT COUNTRY? USA	YRS. 8. MARRIED NEVER MARRI WIDOWED DIVORC	DEAD 9. BALTIMORE CITY OR 6 ED M677	COUNTY OF DEATH 9017 41 4 MD.
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2	EXAMINER'S NAME (TYPE OR PRINT)	a G. Ball	M.D. Deputy		Bethesda, Md.
BALTIMORE, MARYLAND, 21201 PR	URIAL CREMATION, REMOVAL 236.	DATE 122 NIAME OF C	emetery or crematory ton National Co	23d. LOCATION CHYORTOWN Metery Arling	ton. Virginia
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· (34)	3. SI	X	4. RACE	S. DATE OF	BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
5 V.		kemale	white	Nov.	11. 1907	last birthday)	MONTHS DAYS HOURS MIN.
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e executed within 24 ond completely filled remove carbon paper	10. (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I	NSTITUTION (If not in hospital		UPATION (Kind of work dane working life, even if retired.	
hour kely with with with	S	ilver Spring	1905 Dennis sed lived, if institution: Residence before	Avenue	Teller	working life, even if retired. - Suburban 13e. STREET AND NUMBER	Trast
ted the contract of the contra	13a. adm	USUAL RESIDENCE (Where decea issian) STATE	sed lived, if institution: Residence before 13b. COUNTY	13c. CITY OR TOWN	YES NO		
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ote b icion lease ondi	160	Frank WAS DECEASED EVER IN U.S. AR	Volmer MED FORCES? 16b. SOCIAL SECURIF		Mary	Address	Brookshire 1905 Dennis Ave.
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equires that the death certificote be exemply sicion. Signed by the attending physicion and complete burial-transit permit. Then please remo buriol, cremation, or removal, and in any	100	lost.	(c)				
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ding ding seen the or to	NO	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS E	PERFORMED 20g. AU	TODGV2	206 IE VES WEDE EINDINGS	CONSIDERED IN CERTIFYING
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death estained by the hospital or ottending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by refune or should be detached for use as the burial-transit permit. Then please remove carbon papers. Programmer and the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours mention that the State Dept.	CERTIFICATION	TYO. DATE OF OPERATION 170.	CONDITION TOK WITCH OF EKATION WAS I	YES [CAUSES OF DEATH?	CONSIDERED IN CERTIFICIO
AN: The all or of icate he for use Heolth		210. ACCIDENT WAS UNDERLYI	NG 21b. TIME OF INJURY	21c. HOW INJURY O		re of injury in Part 1 or Port :	2, Item 18.)
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S PHYSICIAI The hospital This certifical detached for	WE		. PLACE OF INJURY (AT HOME, FARM, STREET, E OFFICE BUILDING, ETC.		reet or R.F.D. No.	City or Town	County Stote
the this deto		at wark of wark			/	/-	El Sano
be Stot		22a. I certify that (I) (th	nis hospital) attended the decea	sed fram	16, 19 80,	to 12/1,	19_30, that (I) (we) last
med the the		causes stated abav	e, (1) (we) (did) (did nat) view the	e bady after death.	my) (dot) opinidii	deam accorred an me	adre and hadr and train the
OR ATTENI De retained JIRECTOR: A e 3 should ed with the		22b. SIGNATURE	1	ATTENI	DING - MED	STAFF 22	c. DATE SIGNED
DIR DIR Je 3 Je 3 Je 4	1	Ceny	ef & OShallen	DEGREE PHYS.	DIRECTO	OR L PHYS. L	12/3/80
Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the Stote Dept. of Health prior to		22d. PHYSICIAN'S NAME (Type)	VIEL ROSEN	BLUM 22e. A	DDRESS 10400 KEN	SINGTON, M	D 20795
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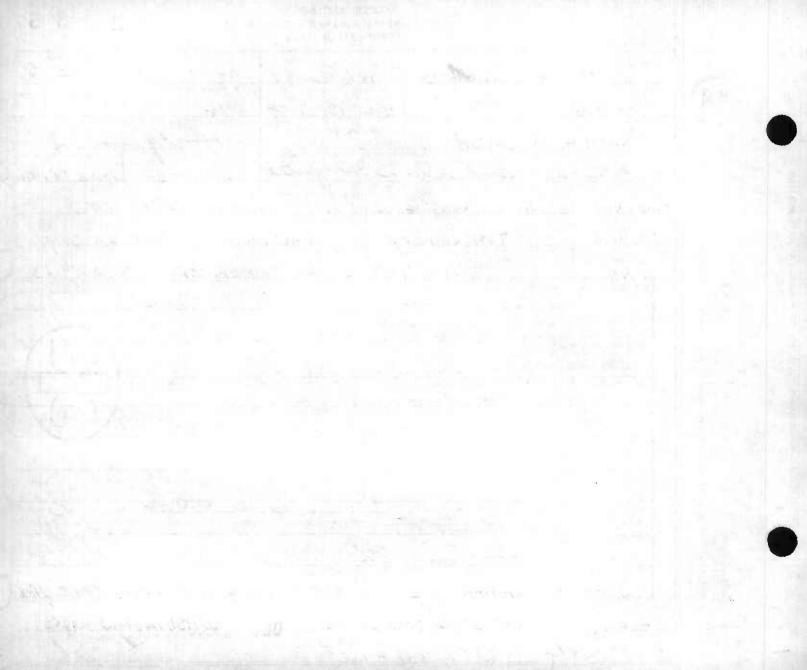
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18		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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MVISSON DING PH Itending F After this s the buring th and Me marked o	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTEN ital or al icTOR: or use al of Heali		22e 1 certify that (I) (this hospital) saw the deceased alive an abave, (I) (Ma) (did) (did not).	Dec- 10 19	SU, and that in (my) (out) opinion		, 19 00 , that (I) (Wellast our and from the causes stoted
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0000	730	SPECIFY)		NAME OF CEMETERY OR CREMATORY	234. LOCATION CITY OR TOWN	GOO Maturana
	24 F	Burial UNERAL DIRECTOR Francis	Dec. 13, 1980 C	Codar Hill Cometory 250. DA	TE REC'D. BY REGISTRAR 256. POSIS	
DHMH-16 25M (VRA 15, 4) 1/79		NAME FRANCIS		Spring Md DE	C1 6 1980	115 CONTROLL

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	SIRTHPLACE (STATE OR ORLING) ORLING (STATE OR	76 CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9. BALTIMORE C	1	- 4	
	CITY OR TOWN OF DEATH	III. NAME OF HOSPITAL, NURSIN	WIDOWED A		SUAL OCCUPATION	TYPE OF WORK	125 KIND OF B	USINESS
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16a.	WAS DECEASED EVER IN U.S. AR	WAR OR DATES)	SECURITY NO. 17. II	NFORMANI	ADD	RESS	a	
,	770 7	70ME 1	h	illiam R.	TARKINGTON			
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		TE CAUSE (a) DE CA	16. Vaseu	lar Disea	.,, -			
470	Conditions, if any, which	DUE TO, OR AS A CONSEC	UENCE OF	infarct can				
	gave rise to immediate cause (a) stating the under-			,				
	lying cause last.	(a) 7,000	ture 4.	Lett 1/11	P		9000	
7	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR C	ONOITION GIVEN IN PART 1 (a).				
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IFIC							YES 🗆	NO D
CERT	210 EXTERNAL CAUSE WAS	216 TIME OF INJURY HOUR AM: MONTH DA		NJURY OCCURRED (ENTE	R NATURE OF INJURY IN IT		ART 2)	1
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	22a. I certify that I took charg	ge of the remains described above, h		, Inspection	Inquiry 🖾,	and in my a	pinian	
	death resulted from. Natu	ral caures , Accident	, Suicide ,	Hamicide . Und	etermined manner			
	ACTUAL O	In S. Boll -	Ţ	TITLE (SPECIFY) De Poty		DATE	Dec 28,	1950
	SIGNATURE	7771.0	M.D	ME	DICAL EXAMINER	SIGNI	EDIE	, , ,
	EXAMINER'S NAME (TYPE OR PRINT)		ADD	RESS				1103
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24	FUNERAL DIRECTOR	to by ADDING les Times	Ty mot	250. DATE REC'D.	BY REGISTRAR 256.	REGISTRAR'S	SIGNATURE	4
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18	/	1	STATE OF MARYLAND
+		1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 3 2 / 3 5 CERTIFICATE OF DEATH
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	9 71		E OR PRINT)
	2	3. SE	THE HOLES TENTE POSSING
	4 (W)	3. 50	MONTH DAY YEAR MONTHS DAYS MOURS MIN.
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	E DN E	70.8	SIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
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	ě 11 1	10.0	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 126. USUAL OCCUPATION (IYPE OF WORK FOR MOST OF MORKING LIFE) INDUSTRY
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AND 2120	po 5	USU 13a	AL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
2	22		Applicant Mark Mark Mark Mark Mark Mark Mark Mark
mil.	the state of		ATHER'S NAME 15. MOTHER'S MAIDEN NAME
MARY	B EO		FIRST MIDDLE LAST FIRST MIDDLE LAST
m,	5 0-	16a \	WICHOIAS CHERKASSKY MARIANNA TCHERKASSKY WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
AOR	n ond c		YES, NO OR UNKNOWN) { IF YES, GIVE WAR OR DATES }
Ę	0 00		NO OGI 14 7298 LILLIAN TCHERKASSKY SAME# 13
BA	physici npopei smovol.		18 CAUSE OF DEATH (Enter only one couse per line for (pt. (b), and (c)) PART I, DEATH WAS CAUSED BY:
ST.	0000		IMMEDIATE CAUSE (0) [PMBB / DSCC/DN DCCVd and
O	e deoth ce ortendin move corb notion, or i		DUE TO, OR AS A CONSEQUENCE OF
PRESTON	the deoth ine offend remove co emotion, o		Conditions, if ony, which (b) AT 1871 USC 1820515
9	the rem er tr		gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF
3	that the		underlying couse lost. (c)
. 20			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
RDS	The Op	CERTIFICATION	Consestive hant tailing
RECORD	low remit.	7	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED
2	hos hos	J É	None IN CERTIFYING CAUSES OF DEATH?
11	ICIAN: The physicion entiticote holo-tronsit pintol Hygier em 18 shov	E E	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2)
OF.	SICIAN: ng physic certificot ariol-fron entol Hys		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
DIVISION OF	000707	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 216. INJURY OCCURRED 21e. PLACE OF INJURY 21I. LOCATION
/ISH	the the ond	AE	WHILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
á	ENDING PHY rol or ottendi		AT WORK AT WORK
	Z T & S T S		220.1 certify that (1) (this hospital) attended the degreesed from
	207402	1	obove, (1) (we) (did) (did not) view, the body ofter peoth.
	OR AT he hosp DIRECT roched fi Dept. o	1 6	DEGREE ATTENDING, MEDICAL STAFF
	Y the y the RAL DI detoch tote Detoch Tari. If H		PHYSICIAN DIRECTOR PHYSICIAN /2//5/20
	od be		22d. PHY ICIAN'S NAME (TYPE ORPRINT) 22e ADDRESS
	TO HOSPITAL Oretoined by the TO FUNERAL Dishould be detoined with the Store DIMPORTANT: If		JOHN B. UMHAU M.D. 8805 CONN. AUE. CHEVY CHEE Md.
	5 5 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	23e.	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION
200) BP	18	RURIO 12-18-80 ROCK CREEK CEMELLO WASHINGTON
الد	DHMH-16 30M 2/80	33.4	INVERAL DIRECTOR 250. WATE NECED, BY MEGISTRAN 250. REGISTRAN 25. SIGNATURE
	(VRA 15, 4)	1/	
		LZ.C	ant NeVOL DEVOLENHI HOME



BP. DHMH - 16 50M 1/76 (VR A 15 (4))

1 10	Charles F.	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		Mile - man m - as			
	X.	Thompson		December 7.	1980 3:27
	'AA 1	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	W	MONTH 26 99	8/ YRS	MONTHS DAYS HOURS MIN
100	INTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
1.3	MD.	USH	WIDOWED DIVORCED	Montgomery	M
10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION FREET ADDRESS)	170 USUAL OCCUPATION (TYPER PROPERTIES TO LINGERING	126. KIND OF BUSINESS OF
1	Olney		eneral Hospital	MECTICA Farme	314
13a	AL TELETION NEED (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BY	(OWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	~
>	III V	E11	COFCH YES NO !	10820 Kte	108
Jul		MIDDLE	15. MOTHER'S MAIDEN NA	AME	LAST
4_		s J Thompson	late E	lizabeth	
)		WAR OR DATEST		ADDRESS	0
\vdash	No		89434 admisse	on record	
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	lly one couse per line for (0), (b)	i, and ic' i	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	Conditions, if any, which	(b)	nrax Hemornia	al .	Lags.
	couse (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF		
	underlying couse lost	(Ic)			
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CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
2 \(\)					TIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM 18	tend tend
2 E	OR CONTRIBUTING CAUSE OF DEA				
MEDICAL	214 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
ž	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
	220 I certify that this hospi	tal) attended the deceased fro	m Dec 5 18 80) in Dec 7	10 80 that (Cha) los
ı	saw the decoased alive on	_ l Dec	6-7-3	death occurred on the date and h	our and from the causes stated
	22h SKINALINE	the body alter death.	DEGREE		226. DATE SIGNED
	11. 7/1	L diane	ATTENDING	MEDICAL STAFF	11-7-81
-	22d. PHYSICIAN'S NAME (TYPE O	Thouven	PHYSICIAN 226 ADDRESS	DIRECTOR PHYSICIAN	12 100
	TEU. TITTSICIAN STAMME (TYPE O	REBUSE)	LIE ADDRESS		
230	BURIAL, CREMATION, REMOVAL	Dec 10, 1980	23c. NAME OF CEMETERY OR CREMATORY Union Chapel	23d LOCATION JODGE	Marviane
		200 10, 1900	Onizon Onaper	TE REC'D BY AR 25b.	a Kalenda

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BP. DHMH - 16 50M 1/76 (VR A 15 (4))

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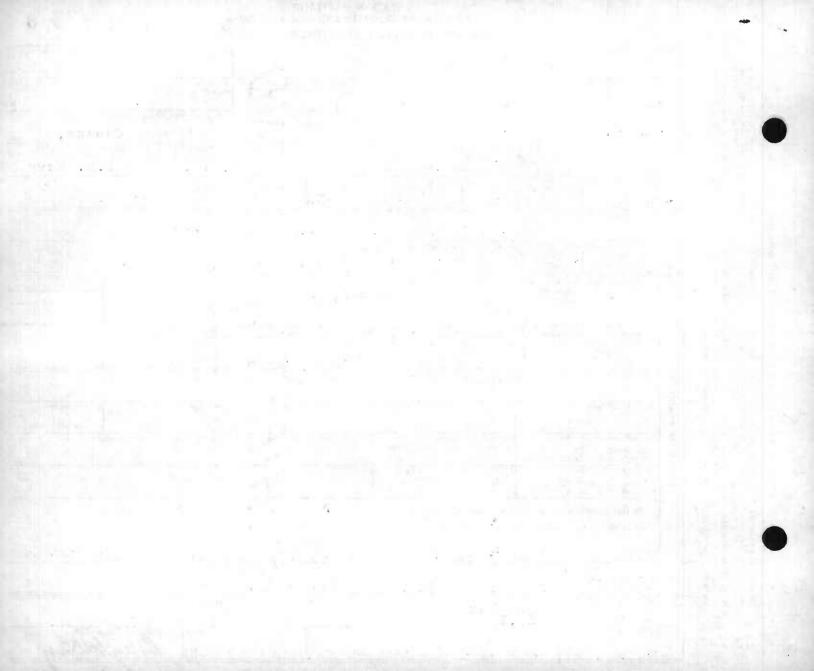
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	1-	FOR STATE REGISTRAR		DEPARTI		IEALTH AND MENTAL HYG		3 2		0 /
	1. DEC	EASED NAME FIRST		MIDDLE		LAST	REG. NO	MONTH DAY	YEAR	12b. HOUR
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4)	3. SEX		4. RACE		5 DATE O		6. AGE (IN YEARS LAST BIRT	HDAY) IF U	NDER I YEAR	IF UNDER 24
9		Male	Wh	ite	Nov	. 22, 1899	81	YRS.	THS DAYS	HOURS
e Cie	CO	THPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	DE NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF		
3		aryland		S.A.	WIDOWE		Montgom			
Politica	03	lney, Md.	Mon Mon	Egomery	Gene	eral Hospita	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF Equip. Me	WORKING LIFE)	NDUSTRY	d Dept
3	USUA 13a ST M	L RESIDENCE (IF NURSING HON TATE Aryland Fr	e or other institution of the county control of the country country control of the country country country control of the country	GIVE RESIDENCE BEFOR		138 INSIDE CITY LIMITS?	13e. STREET ADDRESS Penn Shop	Rd R	t# 3	
ine	14 FA	THER'S NAME				15. MOTHER'S MAIDEN NA	WE	1410	uII)	
1500		Arthur	WIDDLE	Thomps	on	Catherin	J6 WIDDIE	H	nger	ford
dicol	16a W (YE	AS DECEASED EVER IN U.S. S, NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDRE	SS		
m a		No		218-09-	0791	Bertha Thom	mpson, Item	n 13		
ony injury, or othe	CERTIFICATION	PART 2 OTHER SIGNIF CAN	AT CONDITIONS C	RUCO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONL	20b. 1F YES, W	ERE FINDI	NGS USED
Now >	E						YES NO	YES [NO [
18 st 4		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A		AY YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I	OR PART 2]	
	MEDICAL	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N	COUNTY	STA
rked or		AT WORK AT WORK								
NT: If Item 21 is morked or		22a I certify that (1) (this he saw the deceased alive above, (1) (Veri dia) (dia) (2b. 516.)	an 22				, 10	F	d from the	
ORTANT: If Rem 21 is morked or i		27a I certify that (1) (this he saw the deceased alive above, (1) (1) (dic 27b. 51b)	on	after death.		DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF	F	d from the	
IMPORTANT: If Item 21 is morked or i		27a I certify that (1) (this h saw the deceased alive above, (1) (1) (dic 27b. 516)	on 201 not view the body PE OR PRINT)	atter death. O L, ND	. M	DEGREE ATTENDING PHYSICIAN 220 ADDRESS BILL PEINCE	MEDICAL STAP	F	d from the	
IMPORTANT: If Item 21 is marked or i		27a I certify that (1) (this he saw the deceased alive above, (1) (1) (dic 27b. 51b)	on 201 not view the body PE OR PRINT)	19 E offer death.	. M	DEGREE ATTENDING PHYSICIAN 228 ADDRESS BILL PLICE EMETERY OR CREMATORY	MEDICAL STAF	FIAN C	d from the	

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CHEATTON COLLINS STILLING SPRING SINGLES CORN. ASCARD TO PATIDEX IV.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE: - STATE REGISTRAR . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-1980 Boris 4. RACE 6. AGE (IN YEARS | IF UNDER 3. SEX F UNDER 24 HRS LAST SIRTHDAY) 25,1948 Mad Cauc. 32 DEAD TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Delaware U.S.A. DIVORCED X WIDOWED IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ION (TYPE OF WORK Carpenter ISCONSINAL Construction 2480-16th St. N.W. 13s. STREET ADDRES D. C. 13d. INSIDE CITY LIMITS? 13e. STATE Washington, D.C. Apt. 440 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST FIRST Jonilde Tilley M. Bruno Ralph 7. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Unknown Jonilde M.B. Tilley (Same as 13e) No 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF licted Canditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO P 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21e PLACE OF INJURY AT WORK AT WATE 22e. I certify that I took charge of the remains described above, held an Autopsy Inspection Accident Undetermined manner death resulted from: TO MEDICAL E)
EXECUTE THE C
PAGE 4 SHOUF
TO FUNERAL D
AFTER DEATH, 1
BALTIMORE, MA ACTUAL SIGNATURE Old Georgetown Road EXAMINER'S N ADDRESS Bethesda, Maryland John G. Ball 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, REMOVAL 23b. DATE Cremation Metropolitan Crematory Alexandria RP 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral 25a, DATE REC'D, BY REGISTRAR **DHMH - 17** NAME Homes, P.A., Bethesda, Maryland (VR A15 ME (5)) 15M 7/76

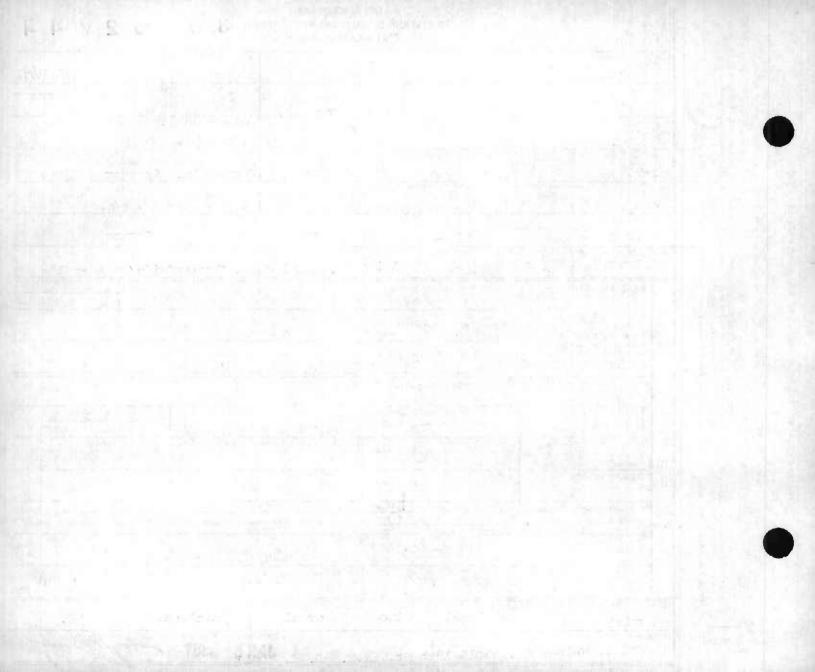
the cauc aut line bush TARREST OF THE STREET . O. Co. Hospirison . O Hall State . Co. (a) Bland alies) the fill of the community of ITAL ... MEBGE Later to the second Figure 12 Comment of the Property of the Control of nonces, the article and the design of the section

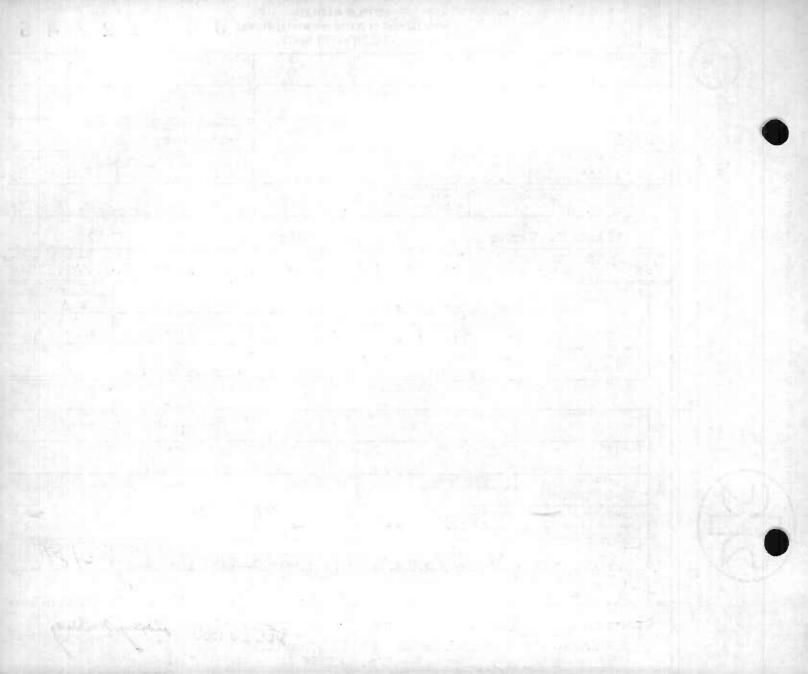
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 1. DECEASED NAME MIDDLE 2b HOUR (TYPE OR PRINT) Robert H. Trenka December 5. 1980 4 RACE 5 DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 MPS MONTH YEAR Ma le Caucasian dulv 1897 28 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York U.S.A. Montgomery County, WIDOWEDKT IN CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Traffic Supt. Paper Company 880 College Parkway, Rockville DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30 STATE 136 COUNTY 136 CITY OR TOWN 13a STATE Rockville 13.880 College Parkway Maryland Montgomery YES XT 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Magdalena MICOLE Alt LAST Trenka Joseph ADDRESS Potomac.Md. 20854 166 SOCIAL SECURITY NO 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) 1 LIF YES, GIVE WAR OR DATEST Cecelia T. Hinckell212 Powder Horn Dr. . 050-01-8003A No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTE YES [NO [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 214 INJURY OCCURRED 71e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE WZ decity 220 I certify that (1) (this haspital) attended the deceased from 19 80 saw the deceased alive on. _, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF Dec. 5, 1980 TO FUNERAL (should be deto with the Stote I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22 ADDRES Frauke Westphal, M.D. 809 VIERS MILL RD., ROCKVILLE, MARYLAND. 236, NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION December 12 Greenfield Cemetery Burial Hempstead Nassau New York 24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL DHMH - 16 50M 1/76

HOMES, P.A., ROCKVILLE, MARYLAND

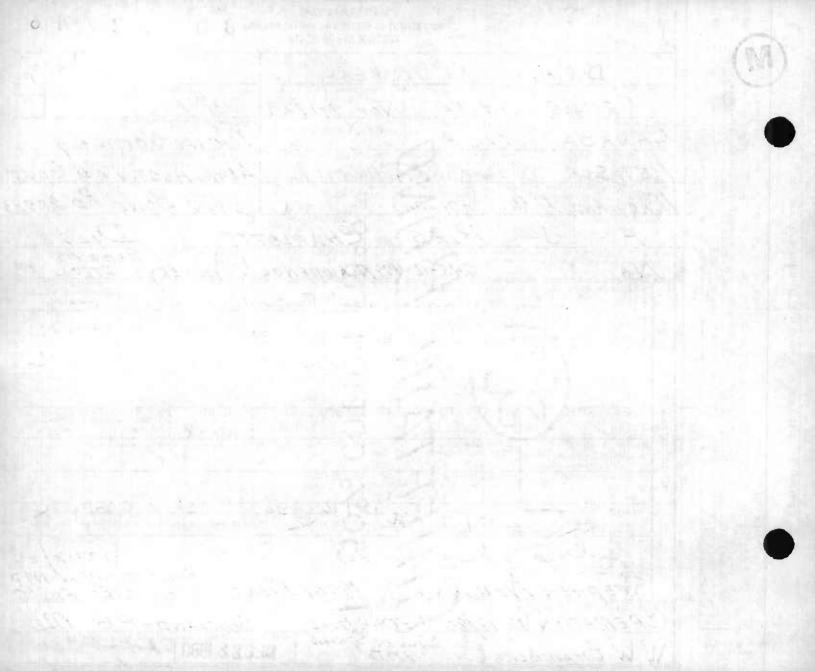
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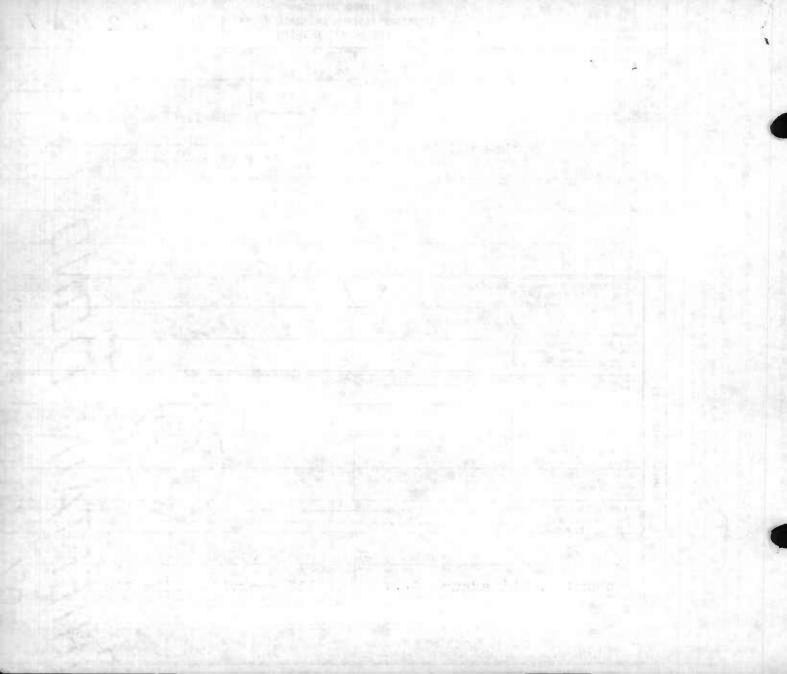




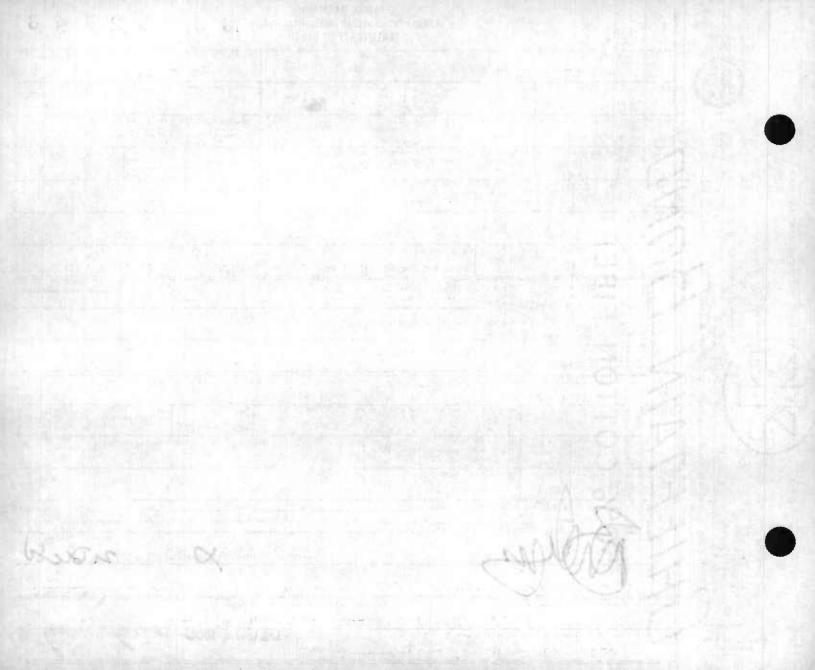
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		TOROTHY R. VICKERY 12-18-80	3.03 pm
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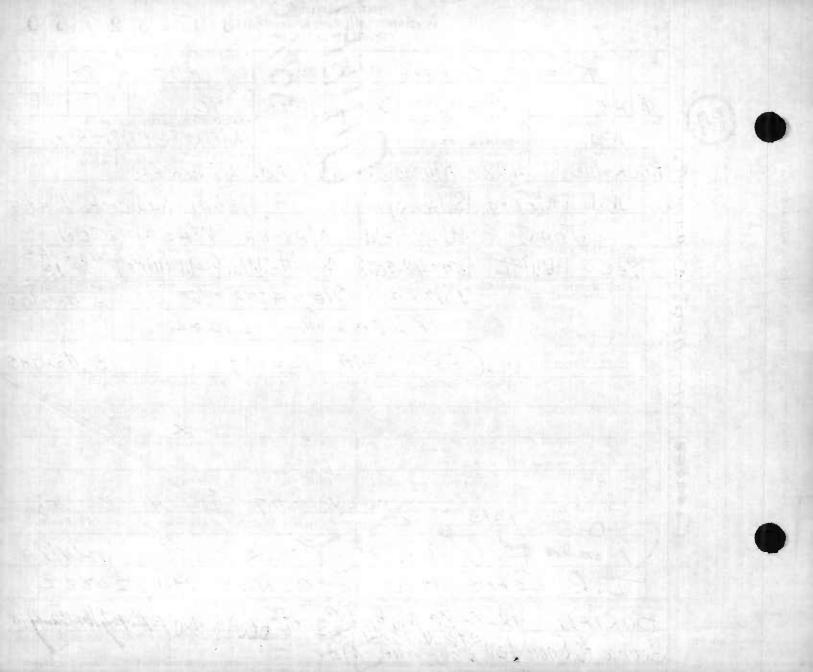
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Page 4 irector irs aft once.		le . = '-	WHITE S. DATE OF	IG SA	6. AGE (IN YEARS LAST BIRTHDAY) YRS	
r death.	10	duntry and	76 CITIZEN OF WHAT COUNTRY? MARRIED WIDOWED	DIVORCED	+ BALTIMORE CITY OR COUN	ney MD.
hours after in by the if filed with	15	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH FACULTY, GIVE STREET ADDRESS)	Spit81	120: USUAL OCCUPATION TYPE OF WORKING NONE.	LIFE INDUSTRY
24 be		AL RESIDENCE (I NURSING HORE OR STATE MONTH MO	entronery Rockvulle	YES NO P	13. STREET ADDRESS	s Mill Rd
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be age		YES, NO OR WHICHOWN) (IF YES, GIVE	WAR OR DATES) None	Patrick T. W	unei	
that the death cert by the attending ph e remove carbon pa , cremation, or rem or other traumatic		PART I. DE ATH WAS CAUSE	DE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c)	anity		APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH
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SICIAN: hysician. certificate transit p ntal Hygie Item 18.	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR P.M. 19		YES NO DE	YES NO
DDING PHY strending pl After this stree burial tith and Meri	MED	214 INJURY OCCURRED WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO HOSPITAL OR ATTENDI retained by the hospital or atte TO FUNERAL DIRECTOR: 4t should be detached for use as it with the State Dept. of Health MPDRTANT: If Item 21 is ma		sow the deceosed olive on obove, (1) (wanted) (did not 22). SIGNATURE	view the body offer death. DI Output ATTENDING PHYSICIAN	death occurred on the date and h	our and from the couses stated 22c. DATE SIGNED 12/16/80	
TO HOSPIT retained by t TO FUNERA should be de with the Stat		22d PHYSICIAN'S NAME (TYPE OF	Shiler	1111 Spr	ing Stret	- Sil fring Mod
10 BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	Dec. 19, 1980 Gate of H	metery or cremitory leaven	Silver Spring	Montgomery Md.
DHMH-16 25M (VRA 15, 4) 1/79	500	University Blv	s J. Collingoness d., W. Silver Spring,		REC'D. BY REGISTRAR 255. REGI	SIRAR' SIGNATURE



\ /	STATE OF MARYLAND
b.	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 3 2 / 5 0 CERTIFICATE OF DEATH
	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
oy be poge 3	(TYPE ORPRINT) ROBERT EDWARD WARFIELD 12 4 80
b b b	3 SEX ARE BACK S. DATE OF BIRTH DAY 1909 TO YES. 1 RACE (IN YEARS LAST BIRTHDAY) IF UNDER 14 HOURS AND DAY HOURS AND THE PROPERTY OF THE PRO
8	TA BIRTHPLACE STATE OF SOCIETY OF COUNTY OF DEATH
Hebrin P	MARRIED NEVER MARRIED MONTGOMERY
ofter of the filled with the filled with	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS O INDUSTRY 8.7 UNCOSTER M. A RORER
ND 212	USUAL RESIDENCE III AND HOND OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 11 STATE 13 STREET ADDRESS 15521 Radwick LANCE 15521 Radwick LANCE 15521 Radwick LANCE
uted within 24 hours completely filled in by Fond 2 should be file in sommer@expected.	TOHN R. WAST FIELD MAY THAN WASHING TON
BALTIMORE, Posts of the be executed by the control of the control	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT (YES NOOR UNKNOWN) (FYES GIVE WAR ORDATES) 577-18-2028 Annetta Warfield + Wife) 544 3
	18 CAUSE OF DEATH Enter only one course per long for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b)
PRESTON ST., he deoth certifu he ottending ph emove corbon motion, or rem motion, or rem	Conditions, if ony, which () b) DUE TO, OR AS A CONSEQUENCE CINS OHA LINER
W. hot t	gove rise to immediate couse to immediate underlying couse lost DUE TO, OR AS SCOOSEQUENCE DEMA LUNG, 3 MONTH.
S s see s	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir outending physician. When this certificate hosen sign outer this certificate permit. Then the and Mental Bygione prior to b orked air frem 18 Mills and my miting	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES YES NO YES
ON OF VITAL SYSICIAN: The ting physician sentiologic wentol Eygen wentol Eygen	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
IVISION C Ottending ottending ter this cer is the burning wed or life	216 NJURY OCCURRED 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 217 LOCATION STREET CITY OR TOWN COUNTY STATE
DO SOE	220-1 certify that (1) this haspital) attended the deceased from 10-1, 19-1, to 10-4, 19-6, that (1) we) lo
1 2 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	sow the deceased alive on
TAL OR A y the hory the hory and DIREG detoched detoched detoched detoched to the print of the print the p	Non Id T. Colina Mo ATTENDING MEDICAL STAFF 14/80
TO HOSPITAL (TO HOSPITAL (TO FUNERAL (Should be deto) with the Store E WMPORTANT, If	D. R. LEWIS MID. 220 ADDRESS OLNEY, Ma. 20832
00005°	236 BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OF CREMATORY SOCIAL SOURCE SECTION S
DHMH - 16 50M 7/77 (VR A 15 (4))	LEONGE RISHOWDEN ROCKUILLE, Mar. 250. SALED IL BY RED MARTIN REGISTRA'S SEGNATURE.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

1 6 5 . Variety - Value

1			STATE OF MARYLAND		
	FOR STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 3	2 7 5 2
	1. DECEASED NAME (TYPE OR PRINT) Ida	Wec	hsler	20. DATE OF DEATH MONTH	0AV YEAR 26 HOUR 18-80 4 5 M
	FEMALE	RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR DECEMBER 7. 1909	6 AGE (IN YEARS LAST BIRTHDAY) 71 YRS	
7	NEW YORK	U.S.A.	MARRIED NEVER MARRIED XX	Montgom	ery MD.
)	ROCKUILLE Md. F	(IF NOT IN SUCH FACILITY, GIVE STREET A HEBREW HOME OF (GREATER WASHINGTON	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING SALES	LIFE) IN KIND OF BUSINESS OR INDUSTRY CLOTHING
2	D. C. HIS COUNTY	Y III, CITX OR JOWE	TON 13d. INSIDE CITY LIMITS?	13.2101 SIXTEENTH	STREET, N. W.
	LOUTS MAME	WECHSLET	R SARAH	MIDDLE	SCHWARTZ
,	160 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W.			LEVY, APT. 1204.	BOULEVARD, WEST SILVER SPRING, MD.
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	BY: SEDTI	CEMIA		BETWEEN ONSET AND DEATH OUL WORLD
	Conditions, if ony, which	DUE TO, OR AS ACCONSEQUE	SURE ULCE	R	
	couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	PHEIMER'S	DISEASE	i hetine
		NOITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER		
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH (OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES \(\text{ NO } \text{ \text{ NO } \text{ }
	OR COLUMN THE CALLES OF STATE	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	B, PART 1 OR PART 2)
	OKCOMINGUING CAUSE OF BEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 214 INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.]	CITY OR TOWN	COUNTY STATE
	22a L certify that (1) (this hospital saw the deceased alive on	ottended the deceased from	ond that in (my) (aur) apinio	n death occurred on the date ond hi	our and from the couses stated

saw the deceased alive on_abave, (I) (we) (did) (did not) 226. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

DEGREE ATTENDING PHYSICIAN 22e ADDRESS

MONT

MEDICAL STAFF DIRECTOR PHYSICIAN STAFF

BP.

DHMH - 16 50M 7/77 (VRA 15 (4))

IMPORTANT: If Hem 21 is marked or Item 18 shaws any

injury, or other troumotic event, th

230. BURIAL, CREMATION, REMOVAL

12/19/1980

236 NAME OF CEMETERY OR CREMATORY
DC LODGE CEMETERY

WASHINGTON

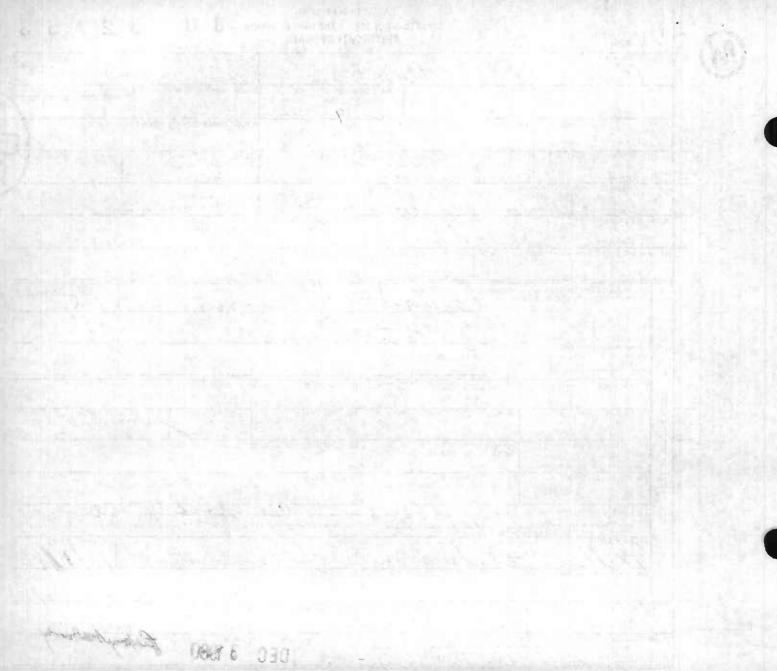
COUNTY

24 FUNDALDOM. STEIN HEBREW MENORIAL FUNERAL HOME TO DECEP 232 CARROLL STREET, N. W., WASHINGTON, D. C.

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		OTA US TO BUSINESS THE BE	Bertalle A
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77 June 2 7 J			
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		ALEXANDER S. Z.	
		2518.150	
The same		regards or threat	
	.		Ford (a)



0	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8	0 32/53
	REGISTRAR DECEASED NAME FIRST TYPE OR PRING!	CERTIFICATE OF DEATH RI AND DE LAST 20. DATE OF DEATH	4.6
3.	SEX	Agnes 1. RACE 1. DATE OF BIRTH 1. AGE (IN YEARS)	LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
7.0	Zemale BIRTHPLACE ISTATE OR FOREIGN	white Oct 19, 1895 85	YRS.
47	Vashinaton D C	MARRIED NEVER MARRIED MONTH	TO ME COUNTY OF DEATH
3/10	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR	MOST OF WORKING LIFE) INDUSTRY
·U	Uheaton SUAL RESIDENCE (IF NURSING HOME O STATE 13b. CO	Wheaton Manor Care FOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) DUNTY 136. CITY OR TOWN 136 INSIDE CITY LIMITS? 138. STREET ADDI	
	Maryland Mon	tgamery Silver Spring YES NO 1 11513 MIDDLE LAST YES NO 1 11513	
54	Fdward WAS DECEASED EVER IN U.S.	O. Castell Agnes	ADDRESS Fleischel
1 16		GIVE WAR OR DATES) 106 SOCIAL SECURITY NO. 17 INFORMANT daughter 214-28-4927 Mary Ann Mahaney	same as 13
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)
2	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 286 AUTOPSY YES \ NO	IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTION CONTRACTOR	DEATH HOUR A.M. MONTH DAY YEAR	OF INJURY IN ITEM 18. PART 1 OR PART 2)
A CHARACTER AND	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY	Y OR TOWN COUNTY STATE
	sow the deceased alive	on 19 0, and that in (my) (our) opinion death occurred on inat) view the body after death	the date and hour and from the causes stated
	THE PHYSICIAN'S NAME ITTE	Degree Aud m S ATTENDING MEDICAL PHYSICIAN DIRECTOR P	STAFF PHYSICIAN 22t. DATE SIGNED 12t. DATE SIGNED 12t. DATE SIGNED
1	William D. A		Silver Spring, Md.
23	BURIAL, CREMATION, REMOV.	Pec. 4, 1980 St. John's Cemetery Faheat	OWN COUNTY STATE
	FUNERAL DIRECTOR Fran 00 University B		STRAR 25b.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2g. DATE OF DEATH UIBLET (TYPE OR PRINT) 3 SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR Female MONTH caucasian Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** Michigan U.S.A. Montgomery Count 10. CITY OR TOWN OF DEATH Interior Decorator Self-empl 130 STATE 13e. STREET ADDRESS Md. Montgemery Rockville 6912 Tennyson Terrace 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Lyle MIDOLE Viela Glenn Ramsey Owen 6912 Tennyson Terrace 160 WAS DECEASED EVER IN U.S. ARMED FORCES 6h SOCIAL SECURITY NO 17 INFORMANT 403-24-3273 Harold E. Wells Reckville. Md. 20855 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY EVENCE Thyo corded I Infarct Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse PART 2. OTHER SIGNIFICANT CERTIFICATION 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 220.1 certify tho (1) (this hospital) attended the deceased from. 19 80 deceased alive on , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATUR 22c. DATE SIGNED mi ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [MPORTANT: IF 22e ADDRESS should be with the 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Washington STATE Cremation Lee's Crematery R CORAR 255 Most firmy State 155 316 E. Diamond Ave. DHMH-16 30M 2/80 (VRA 15, 4) Gartner Sandison F. H. Gaithersburg. Md.

ryofene-lies postaneed a Pasta. Ed. Houtenan convilla sommer matrices 103-21-3273 natelat. Seils stoleting, Ma. 2055 Addition 127.5/180 Lee's Treestory Commitment I.C.

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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) ESTI-1255ic Macdonald DEATH MATED 1980 6. AGE (IN YEARS IF UNDER 1 YR. LAST BIRTHDAY) MONTHS DAYS 88 YRS. 4 RACE 2d HOUR IF UNDER 24 HRS DATE PRONOUNCED 16,1892 Caucasian A BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Colorado USA WIDOWED X DIVORCED O CITY OR TOWN OF DEATH Clerk. Treas. Dept. U.S. Govt USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GE 13b. COUNTY 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery NO [] Bethesda 4977 Battery Lane 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Percy Macdonald Janet Oglevee 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Browson Way 213 44 4555 Janet Campbell Riverside, California 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) COronary. Institicioney Acute anditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21 e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I took charge of the remains described above, held an and in my apinian Undetermined manner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERALD AFTER DEATH BALTIMORE M ACTUAL SIGNATURE Old Georgetown Rd. EXAMINER'S NAME John G. Ball Bethesda, Maryland 230. BURIAL, CREMATION, REMOVAL HE PATE mber 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation 20, 1980 Metropolitan Crematory Alexandria, Virginia 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral 250. DATE REC'D. BY REGISTRAR **DHMH-17** Homes. P.A. Bethesda, Maryland (VR A15 ME (5) 15M 2/80

The same of the same of the same the attitution of the second care we take Towns of the state
DHMH-16 30M 2/80 (VRA 15, 4)

1,	FOR - STATE	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG	SIENE 8 O	3 2 7	5 6
	REGISTRAR DECEASED NAME FIRST	WIDDLE	CERTIF	ICATE OF DEATH	REG. NO.	NTH DAY YEAR	126. HOUR
		ARD ALBIN	WE	TTER	DECEMBER 10		9:15A
3. 5	SEX	4. RACE	S. DATE O		6. AGE (IN YEARS LAST BIRTHDA	IF UNDER 1 YEAR	IF UNDER 24 HRS
	MALE	WHITE	DECEM	BER 18, 1942	37	YRS.	HOURS MIN.
7a.	BIRTHPLACE (STATE OR FOREIGN YORK	76 CITIZEN OF WHAT COUNT	TRY? 8 MARRIEI WIDOWE	NEVER MARRIED DI	9 BALTIMORE CITY OR C		MD
10	CITY OR TOWN OF DEATH BETHESDA	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S' NIH CLINICAL (STREET ADDRESS)		120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WO President	DRKING LIFE) 126. KIND C	of BUSINESS OR urial uter Co
130 N	FATHER'S NAME	it go me ry POTOM	AC .	13d. INSIDE CITY LIMITS? YES X NO 1			
0	Edward	Wetter		Evelyn	MIDDLE	Nichol	ľs
160	I. WAS DECEASED EVER IN U.S. A {YES, NO OR UNKNOWN} (IF YES, G	GIVE WAR OR DATES)	SECURITY NO. 4-3327	17 INFORMANT CHERYL WETTER	ADDRESS R, WIFE (SAME	AS ABOVE)	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	EQUENCE OF	TAPH EMPY Replacem	em4	344	n weeks
CERTIFICATION		196. CONDITION FOR WH		N WAS PERFORMED	200 AUTOPSY? 20 IN	Ib. IF YES, WERE FINDIN I CERTIFYING CAUSES YES [X	NGS USED
	00 000 000 000 000 000 000 000	EATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	sow_the deceased alive a	pital) attended the deceosed from DECEMBER 10. 1	19 <u>80</u> , on	BER 04 19 80 d that in (nx) (our) opinion of DEGREE	to DECEMBER		
4	22d. PHYSICIAN'S NAME (1)	OR PRINTING		Inc. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN		10/1980
230	BURIAL, CREMATION, REMOVA	utboge MD			onal Instit		
	(SPECIF Burial	13, 1980	Park1	awn Cemeter	Rockvi	lle, Mary	
24	Homes, P.A	ert A. Pumph: Bethes®	rey Fur	neral 250 DAT	E REC'D. BY REGISTRAN	REGISTHAR'S SIGNAT	URE

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STATE OF MARYLAND



STATE OF MARYLAND

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Bethesda, Maryland

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DEC 24

FOR STATE

Homes, P.A.

(VR A 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 2 September 1949 the Comment of th and the second s Constant - January - Gooden To Helling . It reals fil. Crossican stand research Patropolitican Dramate Alexandra 70. A Lorent Coronal Springer A Street Coronal Cor

STATE OF MARYLAND

Markey, D. L. S. S. Sent W. S. Jameston W. S.

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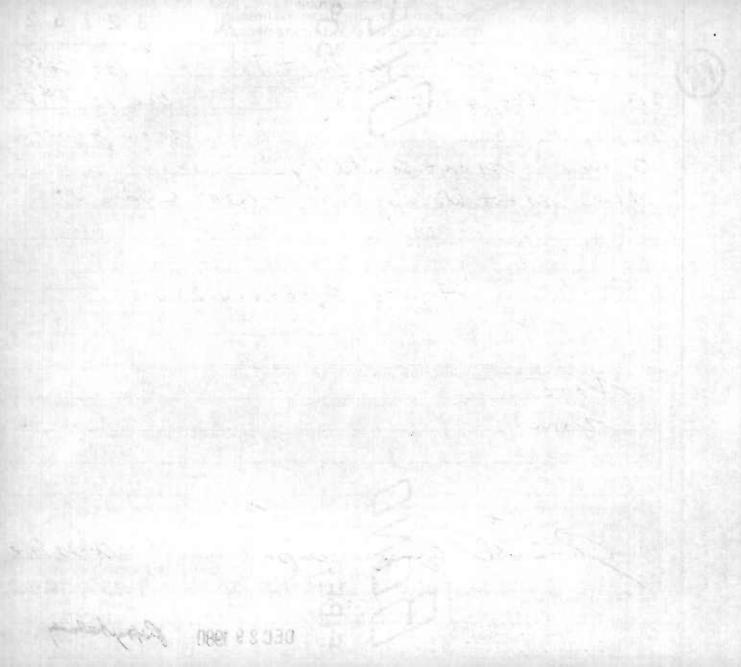
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STATE OF MARYLAND

is and if to being army attended viscosine! harten Tonet Torregay 20 . there and them orders of Alexandria, wirelass Witness Turnifrey Tunnessing 18:49. P.A. Deck and The Stand of DEC S & 1880 And Annual Standing

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TYPE OR PRINT) DEATH MATED DATE PRONOUNCED 9 BALTIMORE CIT TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) WASHINGTON SALES REPRESENTATIVE 130 STATE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE JAMES MARY SULLIVAN 17. INFORMANT (IF YES, GIVE WAR OR GATES) BETTY LOU WILMOT YES WW II 579-24-3636 SAME AS 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF ditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO. 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH II. LOCATION 21e. PLACE OF INJURY (AT HOME AT WORK AT WHILE STREET STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN 220. I certify that I took charge of the remains described above, held an Natural causes Hamicide Undetermined manner TITLE (SPECIFY) SEMINARY ROAD. SILVER SPRING. MD 231. NAME OF CEMETERY OR CREMATORY THE BURGAL CREMATION REMOVAL THE DATE ARLINGTON NATIONAL DHMH - 17 VR A15 ME (5)) 500 UNIV. BLVD., W., SILVER SPRING. MARYLAND 15M 7/76



The New 1 Could though petting Contract Street Street in the strength with -and the analysis and the strength of the dipaster, The state of the s The state of the country and the state of th

				STATE OF MARYLAND	CA 12 .	7016
2.1	1.	FOR STATE REGISTRAR TOWN		NT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 U	5 2 1 0
0.0	-	1110011	H. SWINNEMORE	CERTIFICATE OF DEATH	REG. NO.	
6 20		OR PRINT	12/12/30	LASI	20. DATE OF DEATH MONTH	DAY YEAR 26 HOU
1	12	, yourse	15 tt Win	ne more	12/20/80	117
M.)	3. SE	7 . 1	4. RACE 1 1 - 4/	DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN FEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
11		temale	white	02,18,06	74 YR	s.
8-1 "		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED A NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
80	1	OHIO	U.S.A.	MIDOWED DIVORCED	Montgomen	County
3	4	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINE
\$ 10	1	BETHESDA	Suburban H	ospital	TEACHER	SCHOOL
2	USU.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	DROTHER INSTITUTION GIVE RESIDENCE BEFORE ACTIVITY 13c CITY OR TOWN	MISSON) 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
15			NTGOMERY BETHES		7002 EXFAIR	ROAD
in	14. F./	THER'S NAME		15. MOTHER'S MAIDEN NA	AME	
251	4	RICHARD B.	HARDMAN	JESSIE	MIDDLE	CAMPBELL
0		AS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SECURI		ADDRESS	
medico	(,		IVE WAR OR DATES)	MD STICITE	S Ometate stateme	AME AS # 1:
the	=	NO I	213-48-6		STINE WINNEMO	APPROXIMATE INTEL BETWEEN ONSET AND
ent,			only one couse per line far (a), (b), and (ED BY:	LAR ARTERY	THROM BOSIS.	4 day
ren	100	IMMEDIA	ATE CAUSE (a)	WILK IN TELES	141-01(1363(>	- Fray
o to E		7029	DUE TO, OR AS A CONSEQUEN	ypertension Cardi	Variety Dice	and years
trou		Conditions, if any, which gove rise to immediate	(b)	Sperionsent carac	o variances Elisa	The state of the s
other		couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUEN	CE OF		
oro		DADI O OTHER CICALIES	(c)	A TILL BUILT LIGHT BELL LYED TO THE YER.	(II) DIST OD OD D I	0.0000
luny,	Z		Lione Obstructive	A al	•	GIVEN IN PART TO
y Y	CERTIFICATION	19a DATE OF OPERATION	Lione Obstructive	PERATION WAS PERFORMED		YES, WERE FINDINGS USED
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STATE OF MARYLAND

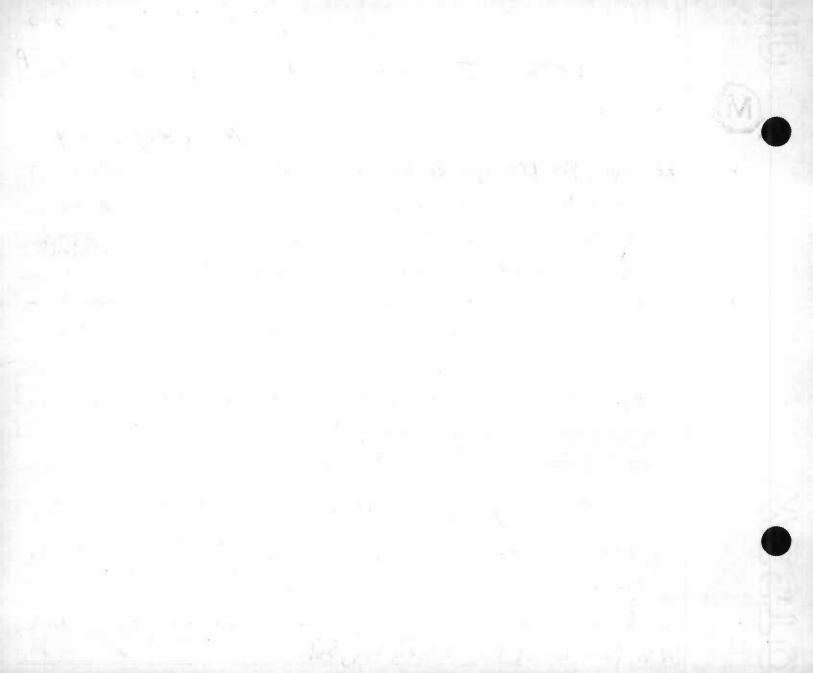
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

REGISTRAR



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TYPE OR PRINTS

1. DECEASED NAME

REGISTRAR

8201 SCHRIDER STREET ADDRESS SAME AS 13 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 CITY OR TOWN COUNTY STATE ____, and that in (my) (exc) opinian death occurred on the date and hour and fram the causes stated DIRECTOR PHYSICIAN 23a BURIAL, CREMATION, REMOVAL 23b. DATE BURTAL 12/24/80 FT. LINCOLN MD. BRENTWOOD PRI GEO 250. DATE REC'D. BY REGISTRAR 256. REGIST ANS SIGNATUR 24 FUNERAL DIRECTOR FRANCIS J. COLLINS 500 UNIV. BLVD. . W. . SILVER SPRING. MD. 20901

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ?

CERTIFICATE OF DEATH

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12b. KIND OF BUSINESS OR

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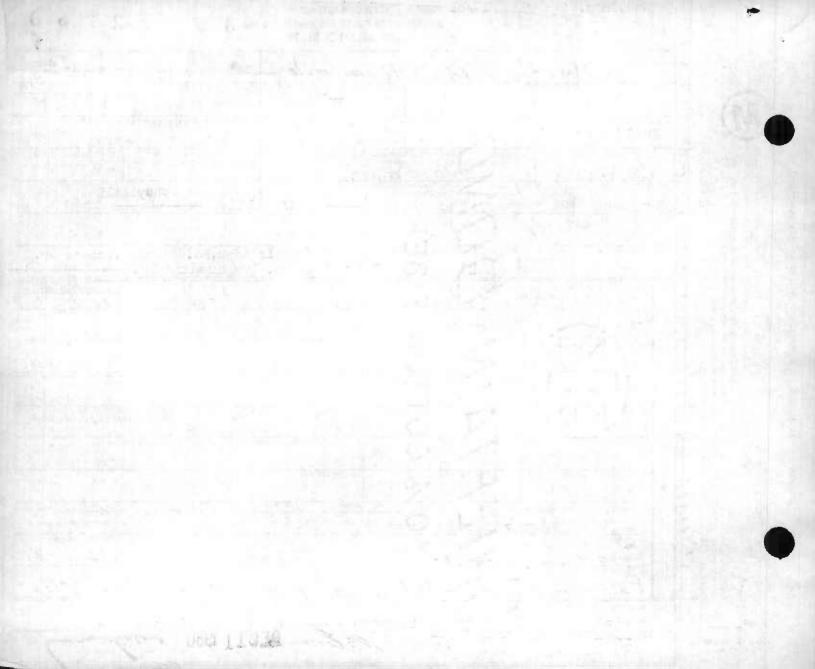
IF UNDER 24 HRS

20 DATE OF DEATH MONTH

DHMH-16 30M 2/80 (VRA 15, 4)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF D REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Louise Wyckoff DEATH MATED 1980 4 RACE 5. DATE OF BIRTH A AGE LINYEARS IF UNDER 1 YR. SEX IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOLINCED Female White 5 10 DEAD 24 1980 70. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY 1. BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED FOREIGN COUNTRY Md. US DIVORCED Montgomery WIDOWED NAME OF HOSPITAL, NUNDING TO THE STANDARD TO T 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Homemaker Bethesda Maryland Home SHOULD & JOUAL RESIDENCE (IF IN NOTITE HOTEL OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) UNCOUNTY 30 STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE, MD. 21201 Bucks uakertown 341 Edgemont Ave. YES 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Ella Frank Snyder Lair 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) 178-34-7436 Richard Wyckoff 5133 Manning Dr. Beth.Md. No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Coronary Insufficency Acute PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF REMOVAL 10 Vascular Disease Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, O DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) AS A ALTH A CERTIFICATION OF HEA 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES [] NO X 3 SHOULD BE DEPARTMENT C 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK STATE C EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 217 22a. I certify that I taak charge of the remains described above, held an Inspection and in my apinian death resulted fram: Undetermined manner Natural causes Hamicide TITLE (SPECIFY) ACTUAL PUT 4_MEDICAL EXAMINER SIGNATURE Old Georgetown Rd. Beth., Md. EXAMINER'S NAME John G. Ball, M.D. (TYPE OR PRINT) 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Asbury Presbyterian Cem Asbury. N.J. BP 24. FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 250. DATER CILB RELIGITAR 25b MEGHERALS SIGNATURE **DHMH-17** 5130 Wisc. Ave. N. W. Wash., D.C. 20016 (VR A15 ME (5)) 15M 7/77

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